

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 122135
Permit No. 83981T
Basin No. 038

PRINT OR TYPE IN BLACK INK ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in
accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 72429
WELL NAME (if applicable):

1. OWNER/CLIENT NAME Central Nevada Hay Company DETAILED ADDRESS AT WELL LOCATION Middle Reese River Valley
MAILING ADDRESS 6822 Starlight Dr
Morrison, CO 80465
Subdivision Name: _____ County: Lander

2. PLS LOCATION NW ¼ NW ¼ 30 Sec 26 N/S 43 E Latitude 40.10152 UTM E NAD 27
PERMIT/WAIVER NO. 83981T Longitude -117.19132 UTM N NAD 83/WGS 84
Issued by Water Resources Current Parcel No. _____

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
sand and clay			0	15
gravel			15	36
clay			36	55
gravel			55	78
sand and gravel			78	86
clay			86	112
gravel			112	123
rock			123	390

9. INSTRUCTION

Depth Drilled: 390 Feet Depth Cased: 390 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
36 Inches	0	50 Feet
26 Inches	50	390 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
18	58.9	.312	+2	390
30	79.4	.250	0	5
30	39.5	.109	5	45

ANNULAR MATERIALS

Sanitary Seal Yes No

Neat Cement _____ to _____ Pumped Poured

Cement Grout _____ to _____ Pumped Poured

Concrete Grout 0 to 100 Pumped Poured

Bentonite Chips _____ to _____ Pumped Poured

Gravel Pack [> 0.2 in.] 100 to 390 Pumped Poured

Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured

Other, explain: _____ to _____ Pumped Poured

Date started: 19-Dec 20 14
Date completed: 15-Mar 20 15

7. WATER QUALITIES

Static water level: 154 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
Pump	400	153	8

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision. This report is true to the best of my knowledge.

Name Parsons Drilling, Inc. Contractor
Address P.O. Box 1265 Fallon, NV 89406 Contractor

Nevada contractor's license number as issued by the State Contractor's Board: _____
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on site driller): _____

Signed: _____
Date: 3/20/2015

RECEIVED
 2015 APR 23 PM 5:33
 STATE ENGINEERS OFFICE

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY

Log No. _____
Permit No. 8398 IT
Basin No. 058

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ANNULAR MATERIALS

Sanitary Seal Yes No

<input type="checkbox"/> Neat Cement	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Concrete Grout	0 to 100	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Chips	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Gravel Pack [> 0.2 in.]	100 to 390	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [< 0.2 in.]	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain:	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Date started: 19-Dec, 20 14
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PERFORATIONS:

Type of perforation: Mill Cut
Size of perforation: 3/16

From <u>190</u> Feet	To <u>390</u> Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision. This report is true to the best of my knowledge.

Name: Parsons Drilling, Inc.
Contractor

Address: P.O. Box 1265 Fallon, NV 89406
Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 28064

Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 7307

Signed: _____
By driller performing actual drilling on site or contractor

Date: 3/20/2015

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OFFICE