

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

OFFICE USE ONLY
Log No. 123670
Permit No. 19137
Basin No. 058

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. 73536
WELL NAME (if applicable): 3-3

1. OWNER/CLIENT NAME Central Nevada Hay Company
MAILING ADDRESS 6822 Starlight Dr
Morrison, CO 80465

DETAILED ADDRESS AT WELL LOCATION Middle Reese River Valley
Subdivision Name: _____ County: Lander

2. PLS LOCATION SE 1/4 SE 1/4 3 Sec 25 N/S 42 E
PERMIT/WAIVER NO. 19137
Issued by Water Resources Current Parcel No.

Latitude 40.06192 UTM E _____ NAD 27
Longitude -117.2273 UTM N _____ NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # 6445
 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
Top Soil			0	7
Gravel			7	28
Clay			28	32
Gravel			32	95
Clay			95	98
Gravel			98	115
Clay			115	120
Gravel			120	138
Clay			138	141
Gravel			141	190
Clay			190	196
Boulders			196	237
Gravel			237	272
Clay/Gravel		X	272	300
Gravel/Clay		X	300	369
Clay			369	375
Clay/Gravel		X	375	390
Gravel/Clay		X	390	510

9. INSTRUCTION
Depth Drilled: 510 Feet Depth Cased: 510 Feet

HOLE DIAMETER (BIT SIZE)			
	From	To	
	<u>36</u> Inches	<u>0</u> Feet	<u>50</u> Feet
	<u>28</u> Inches	<u>50</u> Feet	<u>510</u> Feet
	Inches	Feet	Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>18</u>	<u>52.3</u>	<u>.312</u>	<u>+2</u>	<u>510</u>
<u>30</u>	<u>79.4</u>	<u>.250</u>	<u>0</u>	<u>5</u>
<u>30</u>	<u>39.5</u>	<u>.109</u>	<u>5</u>	<u>45</u>

ANNULAR MATERIALS
Sanitary Seal Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout 0 to 50 Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips _____ to _____ Pumped Poured
 Gravel Pack [> 0.2 in.] 50 to 510 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

NAD 27
40.062002
117.226365

PERFORATIONS:
Type of perforation: Mill Cut
Size of perforation: 3/16
From 290 Feet To 510 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

Date started: 20-Aug 20 15
Date completed: 31-Aug 20 15

7. WATER QUALITIES
Static water level: 236 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

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.
Address P.O. Box 1265 Fallon, NV 89406
Nevada contractor's license number as issued by the State Contractor's Board: 29064
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): _____
Signed: Wayne Papp
Date: 9/28/2015

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>2000</u>	<u>30</u>	<u>4 hours</u>

STATE ENGINEERS OFFICE
2015 SEP 28 AM 11:36
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(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

Replacing well log 6445