

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

OFFICE USE ONLY
 Log No. 100451
 Permit No. _____
 Basin 045

PRINT OR TYPE 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. **57288**

1. OWNER **SUSAN KENNEDY**
 MAILING ADDRESS **401 RAILROAD STREET, SUITE 408**
ELKO, NV 89801

ADDRESS AT WELL LOCATION **2473 RUBY HOME RANCH**
DRIVE

2. LOCATION **SE** 1/4 **NW** 1/4 Sec. **24** T **33N**
 PERMIT NO. _____ Parcel No. **089-001-012**

N/S R **57E** E **ELKO** County
RUBY HOME RANCH Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL		0	2	2
SAND, GRAVEL & BOULDERS		2	6	4
SAND, GRAVEL & CLAY		6	30	24
GRAVEL W/SOME CLAY		30	40	10
GRAVEL		40	70	30
GRAVEL W/SOMR CLAY		70	120	50
GRAVEL		120	130	10
COARSE GRAVEL W/CLAY		130	140	10
GRAVEL	XX	140	160	20

SEAL: INSTALLED 39 BAGS OF 3/8" MEDIUM CHIP BENTONITE FROM 10' TO 50' & NEAT CEMENT FROM 10' UP TO THE SURFACE.

8. WELL CONSTRUCTION
 Depth Drilled **160** Feet Depth Cased **160** Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10-5/8 Inches **0** Feet **160** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6-5/8	17.2	.250	+3	140
6-5/8	13	.188	140	160

Perforations:
 Type perforation **SLOTS**
 Size perforation **3/16X3 6-ROWS**
 From **140** feet to **160** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **50** feet to **160** feet

9. WATER LEVEL
 Static water level **96** feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **HACKWORTH DRILLING, INC** Contractor
 Address **P.O. BOX 850** Contractor
ELKO, NV 89803
 Nevada contractor's license number issued by the State Contractor's Board **020582**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1166**
 Signed *Dale C. Veden*
 By driller performing actual drilling on-site or contractor
 Date **6/5/2006**

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	35	1
G.P.M.		