

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

OFFICE USE ONLY
Log No. 103572
Permit No. _____
Basin 042

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. 60166

1. OWNER CHUCK SALLEE
MAILING ADDRESS P. O. BOX 871
WELLS, NV 89835

ADDRESS AT WELL LOCATION 729 ANGEL LAKE ROAD
WELLS, NV
Subdivision Name: _____ County: _____

2. LOCATION SW 1/4 SW 1/4 Sec 8 T 37N N/S R 62 E
PERMIT/WAIVER No. 008-340-024-015
Issued by Water Resources Parcel No. _____

Latitude UTM E 11T 0667760 NAD 27
Longitude N 4551458 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other **PLUGGING**

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
PERFORATION MILL SLOT FROM 300' TO 320'				
HOLTY PERFORATION FROM 200' TO 300'				
PUMP GROUT FROM BOTTOM OF THE HOLE USING MI SUPER PLUG 33 GAL. OF WATER PER 50LB BAG - SOLIDS CONTENT 15.4				
37 BAGS OF SUPER PLUG 1221 GAL. OF WATER				
ESTIMATED 915 GALLON IN HOLE				
PUT 50 FT. NEAT CEMENT FROM 0'-50'				
<u>N 41.099001</u>				
<u>W 115.002386 NAD27</u>				

9. WELL CONSTRUCTION			
Depth Drilled	Feet	Depth Cased	Feet
660		320	
HOLE DIAMETER (BIT SIZE)			
	From	To	
	Inches	Feet	Feet
	<u>6 1/8"</u>	<u>320</u>	<u>660</u>
	Inches	Feet	Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	13	.188	+1	320

Perforations:
Type of perforation _____
Size of perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No _____ to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 6-Aug 20 07
Date completed: 6-Aug 20 07

7. Water Level
Static water level: 290 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA		
TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Time (Hours)
	<u>3.5</u>	

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 _____ 1689
Signed [Signature]
Date 8/9/2007