

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

OFFICE USE ONLY
Log.No. 104056
Permit No. _____
Basin Ø49

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. 59694

1. OWNER ROBERT SCHMIDTLEIN ADDRESS AT WELL LOCATION CANYON DRIVE
MAILING ADDRESS P. O. BOX 2030
ELKO, NV 89803 Subdivision Name: CRESTVIEW SUBD. County: ELKO

2. LOCATION SW ¼ NW ¼ Sec 7 T 34N N/S R 55 E Latitude UTM E 11T 0598524 NAD 27
PERMIT/WAIVER No. 083-001-012 Longitude N 4522466 NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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	1	1
BROWN CLAY		1	3	2
BOULDERS & SILTSTONE RED		3	100	97
BROWN SILTSTONE/GRAVEL		100	400	300
GRAY SILTSTONE & GRAVEL	440	400	500	100
<u>N 40.847918</u>				
<u>W 115.830304 NAD27</u>				

9. WELL CONSTRUCTION
Depth Drilled 500 Feet Depth Cased 490 Feet
HOLE DIAMETER (BIT SIZE)
From 10 5/8 Inches To 0 Feet 500 Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13.</u>	<u>.188</u>	<u>+1</u>	<u>490</u>

Perforations:
Type of perforation MILL SLOT
Size of perforation 3/16" X 3", 6 ROW
From 470 feet to 490 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 5 to 15 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No 50 to 490 Pumped Poured
Type: 3/8" PEA GRAVEL
Bentonite Chips: Yes No 15 to 50 Pumped Poured
Type: 3/8" BENTONITE CHIPS

Date started: 18-May , 20 07
Date completed: 22-May , 20 07

7. Water Level
Static water level: 405 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>22</u>	<u>4</u>	<u>4</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]
By driller performing actual drilling on site or contractor
Date 5/24/2007