

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

OFFICE USE ONLY
Log No. 1041680
Permit No. _____
Basin 842

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. 60595

1. OWNER BOB McCURRY ADDRESS AT WELL LOCATION 3 MILES SE OF DEVILS GATE RANCH N
MAILING ADDRESS 1831 16TH STREET
OLIVEHURST, CA 95961-4651 Subdivision Name: PARCEL OF LAND County: ELKO
2. LOCATION NW 1/4 NE 1/4 Sec 25 T 37N N/S R 58 E Latitude 41.070524 UTM E 11T 0626304 NAD 27
PERMIT/WAIVER No. 006-56L-008 Longitude 115.496650 N 4547496 NAD 83/WGS 84

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
SAND & GRAVEL		0	10	10
GRAVEL		10	25	15
SANDY CLAY/SOME GRAVEL		25	65	40
GRAVEL, RED ROCK		65	75	10
GRAVEL, RED CLAY		75	90	15
GRAVEL		90	105	15
RED CLAY, GRAVEL		105	155	50
GRAVEL		155	170	15
RED CLAY		170	190	20
RED CLAY, GRAVEL		190	205	15
GRAVEL		205	255	50
RED CLAY		255	315	60
ROCK	B70-400	315	400	85

9. WELL CONSTRUCTION

Depth Drilled 400 Feet Depth Cased 400 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 5/8</u> Inches	<u>0</u> Feet <u>400</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.625</u>	<u>13</u>	<u>.188</u>	<u>+1.5</u>	<u>400</u>

Perforations:

Type of perforation 3/16" X 3", 6 ROWS

Size of perforation MILL SLOT

From	feet to
<u>380</u>	<u>400</u> feet
_____	_____ feet
_____	_____ feet
_____	_____ feet
_____	_____ feet

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>5</u> to <u>50</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 50 to 400 Pumped Poured

Type: 3/8" PEA GRAVEL

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

Date started: 5-Oct, 2007
Date completed: 10-Oct, 2007

7. Water Level

Static water level: 224 feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: COOL °F

Quality: GOOD

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
AIR LIFT	<u>35</u>		<u>1.5</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 2335

Signed Daniel R. Gibson
By driller performing actual drilling on site or contractor

Date 10/17/2007