

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

OFFICE USE ONLY
Log No. 106681
Permit No. _____
Basin 645

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. 62834

1. OWNER VATOS LLC, JOHN GOURLEY
MAILING ADDRESS P. O. BOX 281151
LAMOILLE, NV 89828-1151

ADDRESS AT WELL LOCATION 400 ASHBURN DRIVE,
SPRING CREEK, NV
Subdivision Name: PARCEL OF LAND County: ELKO

2. LOCATION NE 1/4 NE 1/4 Sec 22 T 33N N/S R 57 E
PERMIT/WAIVER No. 006-520-055
Parcel No. _____

Latitude _____ UTM E 11T 0624267 NAD 27
Longitude _____ N 4510358 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
TOPSOIL		0	1	1
TAN CLAY		1	3	2
FINE GRAVEL W/CLAY		3	40	37
FINE GRAVEL W/CLAY-SAND		40	60	20
COARSE GRAVEL w/CLAY		60	100	40
FINE GRAVEL	110	100	150	50
COARSE GRAVEL	XXX	150	160	10
N 40.736690 W 115.528322 NAD27				
2008 AUG 22 PM 12:00 STATE ENGINEERING OFFICE				

9. WELL CONSTRUCTION				
Depth Drilled	160	Feet	Depth Cased	160
HOLE DIAMETER (BIT SIZE)				
	From	To		
10 5/8	Inches	0	Feet	160
	Inches		Feet	
	Inches		Feet	
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	13	.188	+2	160

Perforations:
Type of perforation MACHINED MILL SLOT
Size of perforation 3/16" X 3", 6 ROW
From 140 feet to 160 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 4 to 20 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 50 to 160 Pumped Poured
Type: 3/8" PEA GRAVEL

Bentonite Chips: Yes No 20 to 50 Pumped Poured
Type: 3/8" BENTONITE CHIPS

7. Water Level
Static water level: 95 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

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>35</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 1653

Signed [Signature]
By driller performing actual drilling on site or contractor
Date 8/18/2008