

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

OFFICE USE ONLY 107023

Log No. _____
Permit No. _____
Basin 049

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. 62840

1. OWNER BEN McKNIGHT
MAILING ADDRESS 255 MVR, UNIT 10
ELKO, NV 89801

ADDRESS AT WELL LOCATION 3119 LUPINE ST
KITTRIDGE CANYON AREA
Subdivision Name: Meadow Valley Rancho #5 County: ELKO

2. LOCATION NE ¼ SE ¼ Sec 33 T 35N N/S R 55 E
PERMIT/WAIVER No. 037-024-006
Issued by Water Resources Parcel No. _____

Latitude 40.973441 UTM E 11T 0602953 NAD 27
Longitude 115.779229 N 4525215 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
GRAVEL & SAND		0	30	30
TAN SILT/CLAY		30	60	30
GREY VOLCANIC ASH		60	90	30
GREY VOLCANIC ASH-HARD		90	100	10
GREY/TAN VOLCANIC ASH		100	190	90
TAN VOLCANIC ASH	X	190	350	160
TAN/GREY CONCLOMERATE		350	400	50
PINK VOLCANIC		400	440	40
GREY VOLCANIC - SOFT	XX	440	540	100
FIRST WATER				
2ND WATER				
3RD WATER				

9. WELL CONSTRUCTION				
Depth Drilled	540	Feet	Depth Cased	540
HOLE DIAMETER (BIT SIZE)				
	From	To		
10 5/8	Inches	0	Feet	540
	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	540

Perforations:
Type of perforation MACHINED MILL SLOT & TOOLED REPERF
Size of perforation 3/16" X 3", 6 ROWS

From <u>320</u>	feet to	<u>360</u>	REPERF	feet
From <u>440</u>	feet to	<u>460</u>	REPERF	feet
From <u>460</u>	feet to	<u>480</u>	MACHINED	feet
From <u>480</u>	feet to	<u>500</u>	REPERF	feet
From <u>520</u>	feet to	<u>540</u>	MACHINED	feet

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	4	to	20	<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 540 Pumped Poured
Type: 3/8" PEA GRAVEL

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

Date started: 8-Sep 2008
Date completed: 10-Sep 2008

7. Water Level
Static water level: 217 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: _____

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 9/17/2008

8. WELL TEST DATA			
TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>13</u>		<u>6</u>

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY