

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

OFFICE USE ONLY

Log No. 108665
Permit No. _____
Basin 846

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. 62210

1. OWNER CHURCH OF JESUS CHRIST OF LATTER DAY
MAILING ADDRESS 50 EAST NORTH TEMPLE #1243
SALT LAKE CITY, UT 84150

ADDRESS AT WELL LOCATION CR 713 WEST SIDE OF THE PAVED
ROAD TO LEE, NV OFF OF SR 228

Subdivision Name: PARCEL OF LAND County: ELKO

2. LOCATION NE 1/4 NW 1/4 Sec 4 T 31N N/S R 56 E
PERMIT/WAIVER No. 72174 006-280-016
Issued by Water Resources Parcel No.

Latitude 40.606079°N UTME 11T 0612094 NAD 27
Longitude 115.675089°W N 4495662 NAD 83/WGS 84
NAD 27 FA

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
SAND & GRAVEL		1	20	19
BROWN CLAY		20	35	15
GRAVEL w/BOULDERS	X	35	50	15
BROWN & GREEN CLAY		50	200	150
FINE SILT		200	215	15
GREEN GRAVEL		215	225	10
GREY & BROWN CLAY		225	320	95
ONLY WATER @ 40'				
Less than 5 GPM in the hole @				
40' - abandoned hole with super				
plug - tremmed from the bottom				
of the hole to 50' - 3/8" bentonite				
chips from 30' to 50' - used				
super plug from 30' to 10' -				
cement plug from 10' to surface				

9. WELL CONSTRUCTION

Depth Drilled 320 Feet Depth Cased N/A Feet

HOLE DIAMETER (BIT SIZE)

	From	To		
10 5/8	Inches 0	Feet 320	Feet	Feet
	Inches	Feet	Feet	Feet
	Inches	Feet	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type of perforation _____

Size of perforation _____

From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ 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: 17-Aug, 20 09
Date completed: 20-Aug, 20 09

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

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

RECEIVED
2009 SEP 18 AM 11:14
STATE ENGINEERS OFFICE

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 20582

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 9/15/2009