

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

OFFICE USE ONLY
Log No. 108666
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 ADDRESS AT WELL LOCATION CR 713 WEST SIDE OF THE PAVED
MAILING ADDRESS 50 EAST NORTH TEMPLE #1243 ROAD TO LEE, NV OFF OF SR 228
SALT LAKE CITY, UT 84150
Subdivision Name: PARCEL OF LAND County: ELKO

2. LOCATION NE ¼ NW ¼ Sec 4 T 31N N/S/R 56 E Latitude 40.606079°N UTM E 11T 0612094 NAD 27
PERMIT/WAIVER No. 72174 006-280-016 Longitude 115.675069°W N 4495662 NAD 83/WGS 84
Parcel No. NAD 237A

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	From	To
10 5/8	0	0	320

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
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)

STATE ENGINEERS OF FLORIDA
2009 SEP 18 AM 11:4
RECEIVED

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 820582 20582
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1653

Signed Jerry P. Bevel
By driller performing actual drilling on site or contractor
Date 9/15/2009