

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

OFFICE USE ONLY
Log No. 110518
Permit No. _____
Basin 649

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. 63939

1. OWNER CODY BLACK
MAILING ADDRESS 101 SPRUCE ROAD, APT 204
ELKO, NV 89801-2444

ADDRESS AT WELL LOCATION 5929 KALE DRIVE
OSINO AREA
Subdivision Name: Meadow Valley Rancho #3 County: ELKO

2. LOCATION NE 1/4 SE 1/4 Sec 3 T 35N N/S R 56 E
PERMIT/WAIVER No. 035-017-009
Issued by Water Resources Parcel No. _____

Latitude _____ UTM E 11T 0614080 NAD 27
Longitude _____ N 4533561 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	Thickness
TOPSOIL		0	1	1
COURSE GRAVEL & SAND	X	1	50	49
COURSE GRAVEL & SAND & BOULDERS		50	60	10
FINE GRAVEL & BRN SAND	XXX	60	120	60
1ST WATER @ 20'				
2ND WATER @ 110'				
40.947°N NAD 27 D.D. 115.645°W				

9. WELL CONSTRUCTION

Depth Drilled	120	Feet	Depth Cased	120	Feet
HOLE DIAMETER (BIT SIZE)					
	From		To		
10 5/8	Inches	0	Feet	120	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	13	.188	+2	120

Perforations:
Type of perforation MACHINED MILL SLOT
Size of perforation 3/16" X 3", 6 ROWS
From 100 feet to 120 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 2 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 50 to 120 Pumped Poured
Type: 3/8" WASHED PEA GRAVEL
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 22-Jun 2009
Date completed: 23-Jun 2009

7. Water Level
Static water level: 24 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			
825 CFM	60		3

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 6/26/2009