

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

OFFICE USE ONLY
Log No. 119539
Permit No. _____
Basin No. 049

PRINT OR TYPE IN BLACK INK 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. 68821
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME SALVADOR SOLIS
MAILING ADDRESS 337 OSINO UNIT 14
ELKO, NV 89801

DETAILED ADDRESS AT WELL LOCATION SHIELD ST
BLK 14 LOT 2
Subdivision Name: MVR 4 County: ELKO

2. PLS LOCATION SE ¼ NW ¼ 19 Sec 35N N/S 56 E
PERMIT/WAIVER NO. 036-014-002
Issued by Water Resources Current Parcel No.

Latitude UTM E 11T 0608464 NAD 27
Longitude UTM N 4529108 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
TOP SOIL			0	7
CLAY & GRAVEL			7	130
GRAVEL			130	150
CLAY & GRAVEL			150	190
GRAVEL			190	220
CLAY & GRAVEL			220	300
VERY COARSE SAND		XXX	300	320

9. INSTRUCTION

Depth Drilled: 320 Feet Depth Cased: 320 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
<u>10 5/8</u>	<u>0</u>	<u>320</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.625</u>	<u>13</u>	<u>.188</u>	<u>+1.5</u>	<u>320</u>

ANNULAR MATERIALS

Sanitary Seal Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>3</u>	to	<u>25</u>	<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 checked="" type="checkbox"/> Bentonite Chips	<u>25</u>	to	<u>105</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Gravel Pack [> 0.2 in.]	<u>105</u>	to	<u>320</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [< 0.2 in.]		to		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain:		to		<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Date started: 20-Feb, 20 14
Date completed: 24-Feb, 20 14

7. WATER QUALITIES
Static water level: 158 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 60 ° Fahrenheit
Water Quality: GOOD

8. WELL TEST DATA

Test Method: Bailor Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
AT 320'	<u>75</u>		<u>2 HOURS</u>
AT 280'	<u>60</u>		<u>1/2 HOUR</u>
AT 240'	<u>47</u>		<u>1/4 HOUR</u>
AT 200'	<u>25</u>		<u>1/4 HOUR</u>
AT 180'	<u>7</u>		<u>1/4 HOUR</u>

PERFORATIONS:

Type of perforation: PLASMA CUT
Size of perforation: 3/16" X 4" 7 ROWS

From	To
<u>300</u>	<u>320</u>

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.

Name HACKWORTH DRILLING INC
Contractor
Address P. O. BOX 850, ELKO, NV 89803
Contractor

Nevada contractor's license number 020582
as issued by the State Contractor's Board:
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 1408

Signed: Raymond Hackworth
By driller performing actual drilling on site or contractor
Date: 2/25/2014

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY