

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

OFFICE USE ONLY
Log No. 121082
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. 72558
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME ARNOLD BECK CONSTRUCTION INC.
MAILING ADDRESS 247 GREENCREST DR
SPRING CREEK, NV 89815

DETAILED ADDRESS AT WELL LOCATION 1248 AMBER WAY

2. PLS LOCATION SW 1/4 NE 1/4 28 Sec 34N N/S 55 E
PERMIT/WAIVER NO. 006-09P-188
Issued by Water Resources Current Parcel No.

Subdivision Name: SPECIAL LANDS County: ELKO
Latitude 602743 UTM E NAD 27
Longitude 4517553 UTM N 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
TOPSOIL			0	1
LT TAN CLAY			1	20
WHITE CLAY			20	40
LT TAN / GREEN CLAY			40	100
LT TAN CLAY			100	120
LT GREY CLAY			120	140
GREY CLAY w/ COARSE SAND			140	160
LT GREY SHALE			160	180
CLAY & SAND		180	180	200
GREY CLAY			200	220
GREY TUFF		220	220	240
GREY CLAY			240	250
GREY SHALE			250	260

9. INSTRUCTION
Depth Drilled: 260 Feet Depth Cased: 260 Feet
HOLE DIAMETER (BIT SIZE)
From To
10 5/8 Inches _____ Feet _____ 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	+1.5	260

ANNULAR MATERIALS
Sanitary Seal Yes No
 Neat Cement 0 to 25 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips 25 to 55 Pumped Poured
 Gravel Pack [> 0.2 in.] 55 to 260 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

Date started: 30-Oct, 20 14
Date completed: 30-Oct, 20 14

7. WATER QUALITIES
Static water level: 116 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 84 ° Fahrenheit
Water Quality: GOOD

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
AT 260'	40		2 1/2 HOURS
AT 220'	25		1/4 HOUR
AT 180'	20		1/4 HOUR
AT 160'	12		1/4 HOUR
AT 140'	6		1/4 HOUR

PERFORATIONS:
Type of perforation: PLASMA CUT
Size of perforation: 3/16" X 4" 7 ROWS
From 220 Feet To 240 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

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 as issued by the State Contractor's Board: 020582
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 1408
Signed: [Signature]
Date: 10/31/2014

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY