

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

OFFICE USE ONLY
Log No. 122040
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. 72755
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 2375 HAMILTON CREEK TRL
Subdivision Name: SPECIAL LANDS County: ELKO

2. PLS LOCATION SE 1/4 SW 1/4 28 Sec 34N N/S 55 E
PERMIT/WAIVER NO. 006-09P-142
Issued by Water Resources Current Parcel No.

Latitude _____ UTM E 602482 NAD 27
Longitude _____ UTM N 4516721 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	5
TAN CLAY			5	80
BLUE-GRAY CLAY			80	200
GRAY CLAY		X	200	220
BLUE CLAY			220	280
HARD BLUE CLAY		X	280	320
1ST WATER		200		

9. INSTRUCTION
Depth Drilled: 320 Feet Depth Cased: 318 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>+2</u>	<u>318</u>

*Had 217
40 390001 N
115.785259W*

ANNULAR MATERIALS

Sanitary Seal Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>5</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>55</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Gravel Pack [> 0.2 in.]	<u>55</u> to <u>318</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: 11-Mar, 20 15
Date completed: 17-Mar, 20 15

PERFORATIONS:

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

From	To
<u>298</u> Feet	<u>318</u> Feet
_____ Feet	_____ Feet
_____ Feet	_____ Feet
_____ Feet	_____ Feet

7. WATER QUALITIES
Static water level: 98 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 87 ° Fahrenheit
Water Quality: FAIR

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.
Address P.O. BOX 850, ELKO, NV 89803

8. WELL TEST DATA

Test Method	Bailer	Pump	Air Lift	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>AT 318'</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>15</u>		<u>3 HOURS</u>
<u>AT 295'</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>14</u>		<u>5 MIN</u>
<u>AT 260'</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>12</u>		<u>5 MIN</u>
<u>AT 240'</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>7</u>		<u>5 MIN</u>

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): 1166
Signed: Dale C. Jorden
By driller performing actual drilling on site or contractor
Date: 3/17/2015

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY