

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

OFFICE USE ONLY
Log No. 122639
Permit No. _____
Basin No. 045

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. 73145
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME WR REAL ESTATE LLC
MAILING ADDRESS 565 ASHCROFT DR
SPRING CREEK, NV 89815

DETAILED ADDRESS AT WELL LOCATION 526 BROKEN ARROW LN

Subdivision Name: RURAL County: ELKO

2. PLS LOCATION NE 1/4 SE 1/4 26 Sec 33N N/S 57 E
PERMIT/WAIVER NO. 006-520-066
Issued by Water Resources Current Parcel No.

Latitude UTM E 625902 NAD 27
Longitude UTM N 4507676 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 Corn / 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
<u>MOSTLY BROWN & WHITE GRAVELS</u>			<u>0</u>	<u>220'</u>
<u>1ST WATER X</u>		<u>100'</u>		
<u>1ST GOOD WATER XX</u>		<u>180'</u>		
<u>BIG WATER XXX</u>		<u>200'</u>	<u>220'</u>	

9. INSTRUCTION			
Depth Drilled:	Feet	Depth Cased:	Feet
<u>220'</u>		<u>220'</u>	
HOLE DIAMETER (BIT SIZE)			
Inches	From	Feet	To
<u>10 5/8</u>	<u>0</u>	<u>220</u>	<u>Feet</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>220'</u>

ANNULAR MATERIALS			
Sanitary Seal	Yes	No	
<input checked="" type="checkbox"/> Neat Cement	<u>4'</u>	<u>to 105'</u>	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout			<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout			<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Chips			<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Gravel Pack [> 0.2 in.]	<u>105'</u>	<u>to 220'</u>	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [< 0.2 in.]			<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain:			<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

Date started: 26-May 20 15
Date completed: 27-May 20 15

7. WATER QUALITIES
Static water level: 128' Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 53 ° Fahrenheit
Water Quality: GOOD

8. WELL TEST DATA			
Test Method:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)	
<u>260'-200'</u>	<u>22</u>	<u>2HRS</u>	
<u>180'</u>	<u>20</u>	<u>1HR</u>	
<u>160'</u>	<u>10</u>	<u>1HR</u>	

PERFORATIONS:
Type of perforation: PLASMA CUT
Size of perforation: 3/16"X4" 7 ROW
From 200' Feet To 220' 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): 3329
Signed: [Signature]
Date: 5/29/2015

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