

OFFICE USE ONLY
 Log No. 42638
 Permit No. 57774/58160
 Basin 4-49

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT
 Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 21011

1. OWNER ELKO COUNTY ADDRESS AT WELL LOCATION approximately 5 miles north of Elko on north 5th street
 MAILING ADDRESS 569 Court Street
Elko, NV 89801

2. LOCATION 1/4 NE 1/4 Sec 23 T 35 Q/S R 54 E Elko County
 PERMIT NO. W-372 Parcel No. _____ Subdivision Name Tract of Land
Issued by Water Resources

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon 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	Thick-ness
Alluvial		0	23	23
Brown silicified rock-hard		23	47	24
Fractured rock with some clay		47	55	8
4 - 5 gpm at 50'				
Brown silicified rock hard		55	135	80
Fractured rock	-	135	137	2
app. 7 - 8 gpm at 135'				
Brown silicified rock hard		137	170	33
Grey green fractured rock	-	170	200	30
Hit artesian flow at app. 175 at 200 plus gpm				
Surface casing was equipped with valve and shut off until abandoned				
Hole abandoned on June 21, 1993 by pumping 3-1/2 yds neat cement weighed with barite from 195 to surface				

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 24 Feet

HOLE DIAMETER (BIT SIZE)
 From 5-1/2 Inches To 200 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6-5/8		.188	+2	-24

Perforations:
 Type perforation _____
 Size perforation _____

From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 24 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow 200+ G.P.M. 17 P.S.I.
 Water temperature _____ °F Quality _____

Date started 10-12, 1992
 Date completed 6-21, 1993

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
200 +	flowing	

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 020582
 issued by the State Contractor's Board

Nevada driller's license number issued by the 1654
 Division of Water Resources, the on-site driller

Signed [Signature]
 By driller performing actual drilling on site or contractor

Date 6-22-93