

OFFICE USE ONLY
 Log No. 49
 Permit No. 49
 Basin. 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. 26650

1. OWNER John Herzog ADDRESS AT WELL LOCATION North of Elko
 MAILING ADDRESS 291 Juniper St. City Limits.
Elko, NV 89801

2. LOCATION SW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec. 8 T. 34 S. R. 55 E. Elko County
 PERMIT NO. 06-09J-11 Government Tracts
Issued by Water Resources Parcel No. Subdivision Name

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 | Thickness |
|--------------------------|--------------|------|-----|-----------|
| Top Soil | | 0 | 1 | 1 |
| Siltstone & Boulders | | 1 | 10 | 9 |
| Brown Siltstone | | 10 | 180 | 170 |
| Pea Gravel | | 180 | 183 | 3 |
| Red Siltstone | | 183 | 360 | 177 |
| Some pea gravel | x | 360 | 520 | 160 |
| Grey Silicified material | | 520 | 620 | 100 |

8. WELL CONSTRUCTION
 Depth Drilled 620 Feet Depth Cased 620 Feet

HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches 0 Feet 620 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6 5/8</u> | <u>13</u> | <u>.188</u> | <u>+1</u> | <u>620</u> |

Perforations:
 Type perforation Millslot
 Size perforation 1/8 X 3
 From 580 feet to 620 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 50 feet to 620 feet

9. WATER LEVEL
 Static water level 240 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

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 issued by the State Contractor's Board 020582
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1689
 Signed Daniel Persch
 By driller performing actual drilling on site or contractor
 Date 4-8-94

Date started 4-4, 1994
 Date completed 4-6, 1994

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--|-----------|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift | <u>20</u> | | <u>4</u> |

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 STATE ENGINEERS OFFICE