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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. 30006

1. OWNER JESSICA SCOTT ADDRESS AT WELL LOCATION Smith Creek
 MAILING ADDRESS 429 Wonder near Jiggs, Nevada
Reno, NV 89502

2. LOCATION SE 1/4 SW 1/4 Sec. 17 T 30 Q/S R 57 E Elko County
 PERMIT NO. 84-001-03 Tract of Land
 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	Thick-ness
Top soil		0	5	5
Orange brown clay and gravel		5	23	18
Gravel & boulders with small seams of clay		23	155	132
Granite		155	180	25
Brown clay		180	205	25
Brown white rock		205	265	60
Gravel & sand	X	265	300	35

8. WELL CONSTRUCTION
 Depth Drilled 300 Feet Depth Cased 300 Feet

HOLE DIAMETER (BIT SIZE)
 From To
10-5/8 Inches 0 Feet 300 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6-5/8	13	.188	+1-1/2	300

Perforations:
 Type perforation Millslots
 Size perforation 3/16 x 3" x 6 row
 From 280 feet to 300 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 100 feet to 300 feet

9. WATER LEVEL
 Static water level 143 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature c °F Quality fair

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 8-16-94

Date started August 8, 19 95
 Date completed August 14, 19 95

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
Blow test	5		6

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 STATE ENGINEERING OFFICE