

OFFICE USE ONLY
 Log No. 50838
 Permit No. _____
 Basin. 049 I

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 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. 30764

1. OWNER ~~Alaine Hart~~ Alaine Hart ADDRESS AT WELL LOCATION Hill top Drive
 MAILING ADDRESS P.O. Box 5934
Elko, NV 89802

2. LOCATION SW 1/4 NE 1/4 Sec. 14 T. 33 N S R. 55 E Elko County
 PERMIT NO. 77-001-02 Western Hills 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
Sandy clay		0	3	3
Sand & Gravel		3	16	13
Med brown sandstone w/hard cemented layers		16	140	124
Grey green sandstone w/layers of brown sandstone		140	295	155
Grey green sandstone w/specks of black		295	560	265
Grey white sandstone X w/small fractures		560	585	25
Greenish brown siltstone	X	585	700	125

8. WELL CONSTRUCTION
 Depth Drilled 700 Feet Depth Cased 700 Feet

HOLE DIAMETER (BIT SIZE)
 From To
10-5/8 Inches 0 Feet 700 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	700

Perforations:
 Type perforation Millslot
 Size perforation 3/16 x 3 x 6 row
 From 560 feet to 580 feet
 From 680 feet to 700 feet
 From _____ feet to _____ 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 700 feet

9. WATER LEVEL
 Static water level 460 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 6 °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Date started September 27, 1995.
 Date completed October 2, 1995.

7. WELL TEST DATA

TEST METHOD:	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	3		2-1/2 hrs.

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 1654
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 10-6-95