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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. 30780

1. OWNER K. L. Partnership ADDRESS AT WELL LOCATION N. side of 26th St. between Blackfoot & Pueblo Ave.
 MAILING ADDRESS 609 Ash
Elko, NV 89801
 2. LOCATION SW 1/4 NW 1/4 Sec 19 T 35 N/S R 56 E Elko County
 PERMIT NO. _____ Parcel No. 36-012-07 MVR # 4
 Issued by Water Resources 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 |
|--|--------------|--------------|---------------|---------------|
| Sand & gravel | | 0 | 13 | 13 |
| Brown siltstone & pea gravel | | 13 | 110 | 97 |
| Med to coarse gravel | | 110 | 126 | 16 |
| Siltstone & pea gravel | | 126 | 203 | 77 |
| Fractured red volcanic rock & black sand | X | 203 | 245 | 42 |

8. WELL CONSTRUCTION
 Depth Drilled 245 Feet Depth Cased 245 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 0 Feet 245 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 | 245 |

Perforations:
 Type perforation millslot
 Size perforation 3/16 x 3
 From _____ feet to _____ feet
 From 225 feet to 245 feet
 From _____ feet to _____ 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 245 feet

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Date started 10-5 19 95
 Date completed 10-6 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) |
| 30 | | 1 1/2 |

9. WATER LEVEL
 Static water level 157 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 1654
 Signed John C. S.
 By driller performing actual drilling on site or contractor
 Date 10-12-95