WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 69389
Permit No. 43
Basin

NOTICE OF INTENT NO. 38572

1. OWNER FIRST GENERAL SERVICES
MAILING ADDRESS 320 QUINCY ST.
RENO, NV 89512

ADDRESS AT WELL LOCATION NEAR DEETH, NEVADA

2. LOCATION NE 1/4 NW 1/4 Sec. 26 T 37N N/S R 59E E ELKO County
PERMIT NO. _____ (Issued by Water Resources) TRACT C (Parcel No.) TRACT OF LAND (Subdivision Name)

3. WORK PERFORMED
[X] New Well [ ] Replace [ ] Recondition
[ ] Deepen [ ] Abandon [ ] Other _____

4. PROPOSED USE
[ ] Domestic [ ] Irrigation [X] Test
[ ] Municipal/Industrial [ ] Monitor [ ] Stock

5. WELL TYPE
[ ] Cable [X] Rotary [ ] RVC
[X] Air [ ] Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOPSOIL		0	3	3
SAND & GRAVEL		3	12	9
BLUE CLAY		12	500	488
GREY CLAY		500	700	200

Abandon hole with cuttings and bentonite and cemented 0-50ft.

Date started 10/10/97, 19__
Date completed 10/14/97, 19__

7. WELL TEST DATA
TEST METHOD: [ ] Bailer [ ] Pump [X] Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
0		4

8. WELL CONSTRUCTION
Depth Drilled 700 Feet Depth Cased 0 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
6.75	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)

Perforations:
Type perforation N/A
Size perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

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

Gravel Packed: [ ] Yes [X] No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level _____ 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 [signature] (By driller performing actual drilling on-site or contractor)
Date 10-20-97