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. 69290
Permit No.
Basin 49

NOTICE OF INTENT NO. 38566

1. OWNER SHANE ROBINSON
MAILING ADDRESS 681 SO. DILLON
ELKO, NV 89801

ADDRESS AT WELL LOCATION Chippewa Ave
OSINO, NV BEHIND MVR #3

2. LOCATION SE 1/4 SE 1/4 Sec. 5 T 35N N/S R 56E E ELKO County
PERMIT NO. _____ (Issued by Water Resources) PARCEL 1006-321-001 (Parcel No.) SHERMAN HILLS (Subdivision Name)

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

4. PROPOSED USE
[X] Domestic [ ] Irrigation [ ] 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
SILTSTONE		3	200	197
SILTSTONE & GRAVEL	X	200	460	260

97 OCT 30 AM 10:20

Date started 10/3/97, 19__
Date completed 10/6/97, 19__

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

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
30		4

8. WELL CONSTRUCTION
Depth Drilled 460 Feet Depth Cased 460 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
10 5/8	Inches	0	Feet	460	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	460

Perforations:
Type perforation MILLSLOT
Size perforation 3/16 X 3
From 440 feet to 460 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: [ ] Neat Cement [ ] Cement Grout [X] Concrete Grout

Gravel Packed: [X] Yes [ ] No
From 50 feet to 460 feet

9. WATER LEVEL
Static water level 246 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 10-8-97