

OFFICE USE ONLY  
 Log No. 71990  
 Permit No. 49  
 NOTICE OF PERMIT NO. 39169

WELL DRILLER'S REPORT

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

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

1. OWNER **JEFF WILLIAMS**  
 MAILING ADDRESS **163-5 OSINO ELKO, NV 89801**  
 ADDRESS AT WELL LOCATION **SW CORNER AT SENECA & SO. 6TH STREET**

2. LOCATION **SE 1/4 NW 1/4 Sec. 9 T 35N** N/S **R 56E** E **ELKO** County  
 PERMIT NO. **35-050-001** MVR #3  
 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	Thickness
SILTSTONE		200	300	100
Put 2 packers at 140'				
Put 1 packer at 230'				
Old Intent #36876				

8. WELL CONSTRUCTION  
 Depth Drilled **300** Feet Depth Cased **290** Feet

HOLE DIAMETER (BIT SIZE)  
 From To  
**6-1/8** Inches **200** 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)
5"		.188	130	290

Perforations:  
 Type perforation **TORCH CUT**  
 Size perforation **3"X3/16"**

From	feet to	feet
250	290	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout

Placement Method:  Pumped  Poured

Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

RECEIVED  
 93 JUL -6 AM 11:19  
 STATE ENGINEERS OFFICE

Date started **6/16/98** \_\_\_\_\_ 19\_\_\_\_  
 Date completed **6/17/98** \_\_\_\_\_ 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	25		6 HR

9. WATER LEVEL  
 Static water level **55** 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 *Doris N...*  
 By driller performing actual drilling on-site or contractor  
 Date **6-24-98**