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

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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. 78492
Permit No.
Basin 45

NOTICE OF INTENT NO. 424[illegible]A

1. OWNER FRANCIS WOOD
MAILING ADDRESS ELBURZ ROUTE 192-13
ELKO, NV 89801

ADDRESS AT WELL LOCATION 4 MILES SOUTH OF ELBURZ
EXIT OFF I-80

2. LOCATION SE 1/4 SW 1/4 Sec. 12 T 35N N/S R 57E E ELKO County
PERMIT NO. _____ Issued by Water Resources | 006-540-013 Parcel No. | TRACT OF LAND 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
Abandon old well by:				
Perforate from 10-20 feet with air perforator				
Perforation size approximately 1 x 1/4"				
Pump from 20' to surface with neat cement				
Material used:				
5 - 100 lb bags of Portland cement				

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Date started 10/8/99 , 19__
Date completed 10/8/99 , 19__

7. **WELL TEST DATA**
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

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

8. **WELL CONSTRUCTION**
Depth Drilled _____ Feet Depth Cased 20 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	Feet	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	20

Perforations:
Type perforation Air perforator
Size perforation 1 x 1/4
From 10 feet to 20 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: ☒ Yes ☐ No
Depth of Seal _____
Placement Method: ☒ Pumped ☐ Poured
Seal Type: ☒ Neat Cement ☐ Cement Grout ☐ Concrete Grout
Gravel Packed: ☐ Yes ☒ No
From _____ feet to _____ feet

9. **WATER LEVEL**
Static water level 15 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 11/3/99

USE ADDITIONAL SHEETS IF NECESSARY