

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
 WELL DRILLER'S REPORT

OFFICE USE ONLY  
 Log No. 80447  
 Permit No. 44  
 Basin  
 NOTICE OF INTENT NO. 43375

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

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

1. OWNER **JAMES A. ROGERS, JR.**  
 MAILING ADDRESS **RYNDON UNIT 265-1**  
**ELKO, NV 89801**

ADDRESS AT WELL LOCATION **SO SIDE OF 7TH ST**  
**BETWEEN MADISON & JEFFERSON**

2. LOCATION **NE** 1/4 **NW** 1/4 Sec. **9** T **35N** N/S R **57E** E **ELKO** County  
 PERMIT NO. **026-034-002** Parcel No. **TWIN RIVER RANCHO #4** 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
TOPSOIL		0	3	3
BOULDERS		3	6	3
HARD ROCK/VOLCANICS	200	6	300	294
	280			

8. WELL CONSTRUCTION  
 Depth Drilled **300** Feet Depth Cased **300** Feet  
 HOLE DIAMETER (BIT SIZE)  
**10 5/8** Inches From **0** Feet To **300** 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	300

Perforations:  
 Type perforation **MILLSLOT**  
 Size perforation **3/16 X 3**  
 From **200** feet to **220** feet  
 From **280** feet to **300** 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 **300** feet

9. WATER LEVEL  
 Static water level **130** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **C** °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 *David H. Hark*  
 By driller performing actual drilling on-site or contractor  
 Date **06/06/2000**

Date started **06/01/2000**, 19  
 Date completed **06/02/2000**, 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	<b>5</b>		<b>6</b>