

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

OFFICE USE ONLY
 Log No. 81633
 Permit No. _____
 Basin 52
 NOTICE OF INTENT NO. **44711**

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 **MARK MANGES** ADDRESS AT WELL LOCATION **TOMERA RANCH ROAD**
 MAILING ADDRESS **P.O. BOX 201** *Carlin, NV*
CARLIN, NV 89822

2. LOCATION **SW** 1/4 **SW** 1/4 Sec. **33** T **33N** N/S R **52E** E **ELKO** County
 PERMIT NO. **002-230-028** CITY OF **CARLIN** Subdivision Name
 Issued by Water Resources Parcel No.

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	2	2
BROWN CLAY		2	13	11
SAND		13	20	7
BOULDERS & GRAVEL		20	22	2
RED CLAY		22	105	83
GRAVEL	X	105	130	25

8. WELL CONSTRUCTION

Depth Drilled **130** Feet Depth Cased **130** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
10 5/8	0	130		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13	.188	+1	130

Perforations:

Type perforation **MILLSLOT**
 Size perforation **3/16 X 3**

From	To	Feet	Feet
	110		130

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

Placement Method: Pumped
 Poured

Gravel Packed: Yes No
 From **100** feet to **30** feet

9. WATER LEVEL

Static water level **68** 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 *[Signature]*
 By driller performing actual drilling on-site or contractor
 Date **10/19/2000**

Date started **10/17/2000**, 19____
 Date completed **10/19/2000**, 19____

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
10		10