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WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 46720

1. OWNER BERRY-HINCKLEY INDUSTRIES ADDRESS AT WELL LOCATION 420 Mt. City Hwy. ELKO, NV  
 MAILING ADDRESS P.O. Box 11020 RENO, NV 89510-1020  
 2. LOCATION SE 1/4 SE 1/4 Sec. 16 T. 34 N. S. R. 34 E ELKO County  
 PERMIT NO. 001 131 005 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
<u>Unknown</u>				
<u>Abandoned By Pouring heat Cement Slurry to the surface and removing vault @ 25'</u>				
<u>7 Abandonments</u>				
<u>MW 3</u>				
<u>MW 4</u>				
<u>MW 5</u>				
<u>MW 6</u>				
<u>MW 7</u>				
<u>MW 8</u>				
<u>MW 11</u>				

8. WELL CONSTRUCTION  
 Depth Drilled Unknown Feet Depth Cased Unknown Feet  
 HOLE DIAMETER (BIT SIZE)  
 From Unknown 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)
<u>1"</u>		<u>Sch. 40</u>	<u>Unknown</u>	

 Perforations:  
 Type perforation Unknown  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  Neat Cement  Cement Grout  Concrete Grout  
 Depth of Seal Unknown  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From Unknown feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 18' feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature Cold °F Quality \_\_\_\_\_

Date started 6-2-01 19\_\_\_\_\_  
 Date completed 6-2-01 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 type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name HazTech Drilling Contractor  
 Address P.O. Box 940 Meridian ID 83680  
 Nevada contractor's license number issued by the State Contractor's Board 0028018  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M 2179  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 6/18/01