

PRINT OR TYPE ONLY
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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 Mtn. 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 S. R. 75.4 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 neat Cement Slurry To The Surface and Removing vault @ 25'</u>				
<u>7 Abandonments</u>				
<u>MW 3</u>	<u>AMH</u>			
<u>MW 4</u>	<u>AMH</u>			
<u>MW 5</u>	<u>AMH</u>			
<u>MW 6</u>	<u>AMH</u>			
<u>MW 7</u>	<u>AMH</u>			
<u>MW 8</u>	<u>AMH</u>			
<u>MW 11</u>	<u>AMH</u>			

8. WELL CONSTRUCTION

Depth Drilled Unknown Feet Depth Cased Unknown 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)
<u>1"</u>		<u>Sch. 40</u>	<u>Unknown</u>	

Perforations:
 Type perforation Unknown
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 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

Date started 6-2-01, 19____
 Date completed 6-2-01, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>30</u>	<u>18:11:19</u>	<u>10</u>

9. WATER LEVEL

Static water level 18' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °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 HazTech Drilling Contractor
 Address P.O. Box 940, Mead, ID Contractor
83680

Nevada contractor's license number issued by the State Contractor's Board 0037018
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M2179

Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 6/18/01