

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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
420 Mtn. City Hwy.

1. OWNER BERRY-HINCKLEY INDUSTRIES ADDRESS AT WELL LOCATION 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 39 E ELKO County
 PERMIT NO. 001131005 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	Thick-ness
<u>UN Known</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>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 UN Known Feet Depth Cased UN Known Feet
 HOLE DIAMETER (BIT SIZE)
 From UN Known 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>UN Known</u>	

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name HarTech Drilling Contractor
 Address P.O. Box 940 Meridian ID Contractor
83680
 Nevada contractor's license number issued by the State Contractor's Board 0078018
 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

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>18.1114</u>	<u>3:00</u>