

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

OFFICE USE ONLY
 Log No. 84124
 Permit No.
 Basin 54

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

NOTICE OF INTENT NO. **44777**

1. OWNER **TAMI HACKNEY**
 MAILING ADDRESS **27755 HWY 79B**
SANTA YSABEL, CA 92070

ADDRESS AT WELL LOCATION **HORSESHOE CIRCLE**

2. LOCATION **SW 1/4 SE 1/4 Sec. 13 T 31N**
 PERMIT NO. **3-451-05**
Issued by Water Resources Parcel No.

N/S R 49E E EUREKA County
PIONEER PASS 1 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	2	2
FIRM BROWN SILTSTONE		2	18	16
FIRM LT. BROWN SILTSTONE		18	106	88
FIRM BR SILTSTONE & GRAVEL	106	106	120	14
BENTONITE GROUT 20-50				

8. **WELL CONSTRUCTION**
 Depth Drilled **120** Feet Depth Cased **120** Feet
HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From **0** Feet To **120** Feet
 Inches Feet Feet Feet
 Inches Feet Feet Feet
CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13	.188	+1	120

Perforations:
 Type perforation **MILLSLOT**
 Size perforation **3/16 X 3**
 From **100** feet to **120** 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 **120** feet

Date started **04/11/2001**, 19
 Date completed **04/11/2001**, 19

7. **WELL TEST DATA**

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
60		2	

9. **WATER LEVEL**
 Static water level **64** 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 **1998**
 Signed Bradley D. Wiers
 By driller performing actual drilling on-site or contractor
 Date **04/11/2001**