

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

OFFICE USE ONLY
 Log No. 85096
 Permit No. _____
 Basin 49
 NOTICE OF INTENT NO. 16042

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 **JACK ROSE**
 MAILING ADDRESS **160-5 KITTRIDGE ELKO, NV 89801**

ADDRESS AT WELL LOCATION **NORTH SIDE OF LUPINE BETWEEN MODOC & DELAWARE**

2. LOCATION **SE 1/4 SE 1/4 Sec. 35 T 35N N/S R 55E E ELKO** County

PERMIT NO. **037-056-006** Parcel No. **MVR #5** 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
SILTSTONE & GRAVEL		140	240	100
	160			
	180			
	210			

8. WELL CONSTRUCTION
 Depth Drilled **240** Feet Depth Cased **230** Feet

HOLE DIAMETER (BIT SIZE)
 From **140** To **240**
6 1/8 Inches Feet Feet 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)
5	11	.188	70	230

Perforations:
 Type perforation **TORCH CUT**
 Size perforation **1/8 X 4**

From 190	feet to	230	feet
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 _____

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **115** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **C** °F Quality _____

Date started **07/06/2001**, 19____
 Date completed **07/06/2001**, 19____

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
80			2

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 *Darius D. [Signature]*
 By driller performing actual drilling on-site or contractor

Date **07/10/2001**

RECEIVED
 AUG - 3 PM 12:11
 STATE ENGINEERS OFFICE