

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

OFFICE USE ONLY
 Log No. 35061
 Permit No. _____
 Basin 177
 NOTICE OF INTENT NO. **46954**

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 **JEFF JOYCE**
 MAILING ADDRESS **P.O. BOX 189**
WELLS, NV 89835

ADDRESS AT WELL LOCATION **CLOVER VALLEY**

2. LOCATION **NE** 1/4 **NE** 1/4 Sec. **28** T **35N** N/S R **62E** E **ELKO** County
 PERMIT NO. **008-320-038** TRACT OF LAND
 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
TOPSOIL		0	1	1
SANDY SOIL		1	5	4
SILTSTONE		5	20	15
BROWN CLAY		20	50	30
QUARTZ GRAVEL	80	50	100	50

8. WELL CONSTRUCTION
 Depth Drilled **100** Feet Depth Cased **100** Feet

HOLE DIAMETER (BIT SIZE)
 From **10 5/8** inches To **100** Feet
 _____ inches _____ Feet _____ Feet
 _____ inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13	.188	+1	100

Perforations:
 Type perforation **MILLSLOT**
 Size perforation **3/16 X 3**

From **80** feet to **100** 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 **100** feet

Date started **08/17/2001**, 19____
 Date completed **08/17/2001**, 19____

9. WATER LEVEL
 Static water level **30** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **C** °F Quality _____

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
60		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 *[Signature]*
 By driller performing actual drilling on-site or contractor
 Date **08/21/2001**