

Log No. 88035
 Permit No. _____
 Basin 083

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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. 51272
 Rainbow Bend Canyon

1. OWNER Canyon General Improvement District ADDRESS AT WELL LOCATION Rainbow Bend Canyon
 MAILING ADDRESS P.O. Box 51671 Property
 Sparks, NV 89435

2. LOCATION NW 1/4 SE 1/4 Sec 16 T 19N N/S R 21 E Storey County
 PERMIT NO. W-559 69184 004-111-22 Tract of Land
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED 4. PROPOSED USE 5. WELL TYPE

New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other _____ Municipal/Industrial Monitor Stock Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill		0	5	5
Black Hard Rock		5	15	10
Gravel	X	15	25	10
Hard Black/Brown Rock		25	100	75
Hard Black Rock		100	115	15
Black/Green Rock	X	115	160	45
Black Rock	X	160	190	30
Black/Green Rock		190	240	50
Hard Black/Green Rock		240	270	30
Fractured	X	270	290	20
Hard Black/Green Rock		290	505	215
Gray/Green Mineralized		505	570	65
Gray/Brown Rock		570	630	60
Black/Green Rock		630	720	90
Grey/Brown some Crystals		720	800	80
Pump Cement from 800' to surface				
Used 103 94-LB. bags of cement				
Used 6 50-LB. bags of bentonite				
Used 5 50-LB. bags of W-60				

8. WELL CONSTRUCTION

Depth Drilled 800 Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From	To
12-1/4 Inches	0 Feet to 103 Feet
5-1/2 Inches	103 Feet to 800 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type perforation _____
 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
 Depth of Seal _____ Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 19 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °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 Contractor

Nevada contractor's license number 020582
 issued by the State Contractor's Board

Nevada driller's license number issued by the 1689
 Division of Water Resources, the on-site driller

Signed [Signature]
 By driller performing actual drilling on site or contractor

Date October 29, 2002

Date started October 17, 2002, 19_____
 Date completed October 24, 2002, 19_____

7. WELL TEST DATA

TEST METHOD Bailor Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
120'	30		
140'	30		
180'	60		
240'	350		

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