

OFFICE USE ONLY
 Log No. 88662
 Permit No. 070
 Basin. T
 50390

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 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. 50390

1. OWNER GARY & TERRI TOMPKINS ADDRESS AT WELL LOCATION TNT FARMS 9200
 MAILING ADDRESS 4675 W. WINNECUCCA BLVD
 WINNEMUCCA, NV 89446
 2. LOCATION NW 1/4 NW 1/4 Sec 26 T. 35N N/S R. 37 E HUMBOLDT County
 PERMIT NO. 68635T 14-161-01 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	Thickness
SAND		0	8	8
BROWN CLAY		8	35	27
BROWN CLAY WITH GRAVEL	X	35	70	35
FINE SANDY CLAY		70	80	10
ORANGE/BROWN SANDY CLAY		80	130	50
SAND & PEA GRAVEL	X	130	140	10
CLAY W/ LAYERS OF FINE SAND & GRAVEL	X	140	200	60
FINE TO MED SAND & GRAVEL	X	200	250	50
TAN CLAY		250	260	10
FINE DARK SAND / LAYERS OF CLAY		260	350	90
TAN CLAY		350	360	10
SAND & FINE GRAVEL W/ SMALL LAYERS OF CLAY	X	360	420	60
CLAY W/ SOME SAND		420	500	80
CLAY		500	590	90
BROWN CLAY W/ SEAMS OF GREEN CLAY		590	670	80
SAND & GRAVEL	X	670	675	5
BROWN CLAY		675	1000	325
PLUGGED HOLE W/ 1500 LBS OF SUPER PLUG MIXED WITH 1200 GAL. OF WATER PUMPED FROM BOTTOM				

8. WELL CONSTRUCTION
 Depth Drilled 1000 Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From 5 1/2 Inches To 1000 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

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

Perforations: Type NA
 Size _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 10' Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From NA feet to _____ feet

Date started APRIL 15, 2002, 19_____
 Date completed APRIL 17, 2002, 19_____

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level _____ 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
 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 1654
 Signed _____ By driller performing actual drilling on site or contractor
 Date 5-24-02