

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

OFFICE USE ONLY  
 Log No. 90456  
 Permit No. 845  
 B. In 845  
 NOTICE OF INTENT NO. 49033

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 **MATTHEW ANDERSON**  
 MAILING ADDRESS **772 PARKRIDGE PKWY**  
**SPRING CREEK, NV 89815**

ADDRESS AT WELL LOCATION **RABBIT CREEK ROAD**

2. LOCATION **SW 1/4 NE 1/4 Sec. 23 T 33N**  
 PERMIT NO. **65455** Issued by Water Resources  
**006-52D-045** Parcel No.

N/S R **57E** E **ELKO** County  
**SPECIAL LANDS** Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other

4. PROPOSED USE  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOPSOIL		0	2	2
BROWN CLAY		2	6	4
BOULDERS & SAND		6	12	6
CEMENTED GRAVEL		12	120	108
SAND & GRAVEL	125	120	200	80
	170			

8. WELL CONSTRUCTION  
 Depth Drilled **200** Feet Depth Cased **200** Feet  
 HOLE DIAMETER (BIT SIZE)  
**10 5/8** Inches From **0** Feet To **200** Feet  
 Inches Feet Feet Feet  
 Inches Feet Feet Feet

Seal with 50 bags of 3/8 holeplug and 3 bags of cement

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13	.188	+1	200

Perforations:  
 Type perforation **HOLTE PERFORATOR**  
 Size perforation **X 3/16**  
 From **120** feet to **130** feet  
 From **170** feet to **200** feet  
 From feet to feet  
 From feet to feet  
 From feet to feet  
 Surface Seal:  Yes  No Seal Type:  Neat Cement  
 Depth of Seal **100**  Cement Grout  
 Placement Method:  Pumped  Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **100** feet to **200** feet

Date started **9/10/2003**  
 Date completed **9/11/2003**

9. WATER LEVEL  
 Static water level **93** feet below land surface  
 Artesian flow G.P.M. P.S.I.  
 Water temperature **C** °F Quality

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<b>95</b>	<b>4</b>
G.P.M.		

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 **9/17/2003**