WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 90769
Permit No.
Basin 43

NOTICE OF INTENT NO. 50057A

1. OWNER OWEN ULPH
MAILING ADDRESS HC 30 BOX 511
LAMOILLE, NV 89828

ADDRESS AT WELL LOCATION ON TALBOT CREEK EAST OF LAMOILLE

2. LOCATION SE 1/4 NW 1/4 Sec. 21 T 33N N/S R 58E E ELKO County
PERMIT NO. R-449 Issued by Water Resources | 007- Parcel No. | TRACT OF LAND Subdivision Name

3. **WORK PERFORMED**
[ ] New Well [ ] Replace [ ] Recondition
[ ] Deepen [X] Abandon [ ] Other

4. **PROPOSED USE**
[X] Domestic [ ] Irrigation [ ] Test
[ ] Municipal/Industrial [ ] Monitor [ ] Stock

5. **WELL TYPE**
[ ] Cable [ ] Rotary [ ] RVC
[ ] Air [ ] Other

6. **LITHOLOGIC LOG**

Material	Water Strata	From	To	Thickness
PUMPED NEAT CEMENT FROM 60 FEET TO SURFACE. USED 5 BAGS OF CEMENT				

RECEIVED
2003 AUG 28 AM 10:50
STATE ENGINEER'S OFFICE

Date started 7/30/2003 , 19__
Date completed 7/30/2003 , 19__

7. **WELL TEST DATA**
TEST METHOD: [ ] Bailer [ ] Pump [ ] Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. **WELL CONSTRUCTION**
Depth Drilled ____ Feet Depth Cased 60 Feet

HOLE DIAMETER (BIT SIZE)

	From	To
Inches	Feet	Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	UNK	UNK	0	60

Perforations:
Type perforation NA
Size perforation NA
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: [ ] Yes [X] No
Depth of Seal UNK
Placement Method: [X] Pumped [ ] Poured
Seal Type: [X] Neat Cement [ ] Cement Grout [ ] Concrete Grout

Gravel Packed: [ ] Yes [X] No
From NA feet to NA feet

9. **WATER LEVEL**
Static water level 40 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 1689
Signed [signature] By driller performing actual drilling on-site or contractor
Date 8/4/2003

USE ADDITIONAL SHEETS IF NECESSARY