

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

OFFICE USE ONLY
 Log No. 91070
 Permit No. _____
 Basin 047

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

NOTICE OF INTENT NO. **50054**

1. OWNER **CARL ANDERSEN** ADDRESS AT WELL LOCATION **SMITH CREEK RD NEAR JIGGS, NV**
 MAILING ADDRESS **P.O. BOX 2244 SPARKS, NV, NV 89432**

2. LOCATION **SW 1/4 SE 1/4 Sec. 17 T 30N N/S R 57E E ELKO** County
 PERMIT NO. **084-000-004** **SMITH CREEK RANCHES**
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
BOULDERS		1	3	2
CLAY & BOULDERS		3	25	22
SAND & GRAVEL		25	35	10
GRANITIC ROCK	160	35	220	185

8. WELL CONSTRUCTION
 Depth Drilled **220** Feet Depth Cased **220** Feet
 HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From **0** Feet To **220** 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	220

Perforations:
 Type perforation **MILLSLOT**
 Size perforation **3/16 X 3**
 From **200** feet to **220** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal **100** Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From **100** feet to **220** feet

9. WATER LEVEL
 Static water level **20** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **C** °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 **5/26/2003**

Date started **5/22/2003** 19
 Date completed **5/26/2003** 19

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 G.P.M. 50		2

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