

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

OFFICE USE ONLY
 Log No. 91862
 Permit No. _____
 Basin 045

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. **49041**

1. OWNER **LYNN FORSBERG**
 MAILING ADDRESS **P.O. BOX 28-1756**
LAMOILLE, NV 89828

ADDRESS AT WELL LOCATION **TWO BOTTLE BAR LANE**

2. LOCATION **NE** 1/4 **NW** 1/4 Sec. **26** T **33N**
 PERMIT NO. **023-008-002**
Issued by Water Resources Parcel No.

N/S R **57E** E **ELKO** County
PLEASANT VALLEY 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	3	3
SAND & BOULDERS		3	8	5
SAND		8	10	2
SAND & GRAVEL		10	100	90
SAND		100	120	20
SAND & GRAVEL	140			
	160			

SEALED WITH 28 BAGS OF 3/8 HOLEPLUG AND 3 BAGS OF CEMENT

8. WELL CONSTRUCTION
 Depth Drilled **180** Feet Depth Cased **180** Feet
 HOLE DIAMETER (BIT SIZE)
10/8 Inches From **0** Feet To **180** Feet
 Inches Feet Feet Feet
 Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13	.188	+1	180

Perforations:
 Type perforation **HOLTE PERFORATOR**
 Size perforation **1 X 3/16**
 From **160** feet to **180** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **50** feet to **180** feet

9. WATER LEVEL
 Static water level **110** 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.

Date started **9/3/2003**, 19____
 Date completed **9/4/2003**, 19____

7. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
35		6	

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 *Dennis D. ...*
 By driller performing actual drilling on-site of contractor
 Date **9/5/2003**