

Log No. 91864
 Permit No. _____
 Basin 045

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. **49030**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **JOHN WATSON**
 MAILING ADDRESS **703 MITTRY**
ELKO, NV 89801

ADDRESS AT WELL LOCATION **341 BROKEN ARROW**

2. LOCATION SW 1/4 NE 1/4 Sec. 26 T 33N
 PERMIT NO. 023-021-010
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	2	2
SAND & BOULDERS		2	100	98
SAND & GRAVEL	140	100	180	80

Sealed with 51 bags of 3/8 hole plug and 3 bags of cement.

8. WELL CONSTRUCTION
 Depth Drilled 180 Feet Depth Cased 180 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 0 Feet 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 100 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 100 feet to 180 feet

9. WATER LEVEL
 Static water level 130 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 *Darin*
 By driller performing actual drilling on-site or contractor

Date **9/9/2003**

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>20</u>		<u>7</u>	

Date started 9/5/2003, 19
 Date completed 9/9/2003, 19

RECEIVED
 09/29/03 12:05
 STATE CONTRACTORS OFFICE