

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

OFFICE USE ONLY  
 Log No. 92470  
 Permit No. \_\_\_\_\_  
 Basin S3

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. **54363**

1. OWNER **BACTECH NEVADA**  
 MAILING ADDRESS **249 THIRD STREET**  
**ELKO, NV 89801**

ADDRESS AT WELL LOCATION **TONKIN SPRINGS MINESITE** County

2. LOCATION **NE 1/4 NE 1/4 Sec. 3 T 231/2N** N/S R ~~4E~~ 49E **EUREKA**  
 PERMIT NO. **M/O 1302** **WELL # TSP1-03-TH8**  
Issued by Water Resources Parcel No.

Subdivision Name AL

3. WORK PERFORMED  
 New Well  Recondition  Domestic  
 Deepen  Abandon  Other  Municipal/Industrial

4. PROPOSED USE  
 Irrigation  Test  Stock  
 Monitor

5. WELL TYPE  
 Cable  Rotary  RVC  
 X Air  Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOPSOIL	0	0	2	2
BROWN SILTSTONE		2	12	10
GRAY SILTSTONE		12	80	68
RED ROCK		80	90	10
GRAY ROCK		90	125	35

8. WELL CONSTRUCTION  
 Depth Drilled **125** Feet Depth Cased **125** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **6.5** Inches To **125** 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)
<b>2.5</b>	<b>SCH 80</b>	<b>PVC</b>	<b>+2.5</b>	<b>125</b>

Perforations:  
 Type perforation **SCREEN**  
 Size perforation **.020**  
 From **115** feet to **125** feet  
 From feet to feet  
 From feet to feet  
 From feet to 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 **110** feet to **125** feet

Date started **12/4/2003**, 19  
 Date completed **12/4/2003**, 19

9. WATER LEVEL  
 Static water level **+1** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

7. WELL TEST DATA  
 TEST METHOD:  Bailer  Pump  Air Lift  
 G.P.M. Draw Down (Feet Below Static) Time (Hours)  
**.5**

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 **12/9/2003**