

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY  
 Log No. 98468 92544  
 Permit No. \_\_\_\_\_  
 Basin 53

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

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. **54359**

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

ADDRESS AT WELL LOCATION **TONKIN SPRINGS MINESITE**

2. LOCATION **NE** 1/4 **SE** 1/4 Sec. **3** T **231/2N**  
 PERMIT NO. **M/O 1302** **WELL #015-03-TH15**  
Issued by Water Resources Parcel No.

N/S R **49E** E **EUREKA** County  
**TRACT OF LAND**  
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	Thickness
TOPSOIL		0	2	2
BROWN ROCK		2	90	88
BLACK ROCK		90	350	260

OPEN HOLE-NO CASING INSTALLED  
 Plugged by pumping 13 bags of abandonite from 20-350 and 4 bags of cement from 0-20

8. WELL CONSTRUCTION

Depth Drilled **350** Feet Depth Cased \_\_\_\_\_ Feet  
 HOLE DIAMETER (BIT SIZE)  
**5.5** Inches From **0** Feet To **350** 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)

Perforations:  
 Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_  
 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 \_\_\_\_\_ Neat Cement  
 Placement Method:  Pumped  Poured Cement Grout  
 \_\_\_\_\_ Concrete Grout  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL

Static water level **160** 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 *Dan Adams*  
 By driller performing actual drilling on-site or contractor  
 Date **12/10/2003**

Date started **12/8/2003** 19\_\_\_\_  
 Date completed **12/9/2003** 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift  
 G.P.M. Draw Down (Feet Below Static) Time (Hours)  
**15** **1**

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 STATE ENGINEERS OFFICE