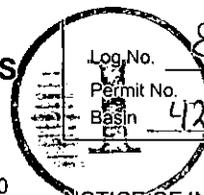


STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**



OFFICE USE ONLY

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. **54379**

1. OWNER **BILL MORROW**  
 MAILING ADDRESS **P.O. BOX 568**  
**WELLS, NV 89835**

ADDRESS AT WELL LOCATION **3 MILES NO. OF WELLS ON**  
**METROPOLIS ROAD**

2. LOCATION **SW 1/4 SE 1/4 Sec. 20 T 38N**  
 PERMIT NO. **008-350-023**  
 Issued by Water Resources Parcel No.

N/S R **62E** E **ELKO** County  
**TRACT OF LAND** Subdivision Name

3. WORK PERFORMED  
 New Well  
 Replace  
 Recondition  
 Deepen  
 Abandon  
 Other

4. PROPOSED USE  
 Domestic  
 Municipal/Industrial  
 Irrigation  
 Monitor  
 Test  
 Stock

5. WELL TYPE  
 Cable  
 Rotary  
 RVC  
 Air  
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL		0	2	2
SAND & GRAVEL		2	3	1
BROWN CLAY		3	6	3
BROWN SILTSTONE		6	80	74
GRAVEL & SAND	80	80	90	10
BROWN CLAY		90	140	50
GRAVEL & SAND	140	140	180	40
	150			

8. WELL CONSTRUCTION  
 Depth Drilled **180** Feet Depth Cased **180** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **10 5/8** Inches To **0** Feet  
 From **0** Feet To **180** Feet  
 From \_\_\_\_\_ Inches To \_\_\_\_\_ Feet  
 From \_\_\_\_\_ Inches To \_\_\_\_\_ 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 **MILLSLOT**  
 Size perforation **3/16 X 3**  
 From **160** feet to **180** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No  
 Depth of Seal **100**  
 Placement Method:  Pumped  Paired  
 Seal Type:  Neat Cement  Cement Grout  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **100** feet to **180** feet

9. WATER LEVEL  
 Static water level **52** 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 **3/16/2004** 19  
 Date completed **3/18/2004** 19

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)		Time (Hours)
<b>85</b>			<b>8</b>

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 **3/19/2004**

03/18/2004 11:07  
 STATE ENGINEER'S OFFICE