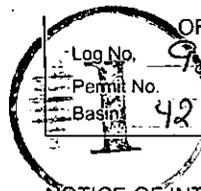


STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**



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. 54373

1. OWNER **DALE VANDERVORT**  
 MAILING ADDRESS **P.O. BOX 95**  
**DEETH, NV 89823**

ADDRESS AT WELL LOCATION **ABOUT 30 MILES EAST OF ELKO**

2. LOCATION **NE 1/4 SW 1/4 Sec. 35 T 37N**  
 PERMIT NO. **07-12R-003**  
 Issued by Water Resources Parcel No.

N/S R **58E** E **ELKO** 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	Thick-ness
TOPSOIL		0	2	2
SILTSTONE		2	60	58
BLUE SHALE		60	120	60
BLUE CLAY		120	160	40
SAND & GRAVEL	160	160	200	40

8. WELL CONSTRUCTION

Depth Drilled **200** Feet Depth Cased **200** Feet

HOLE DIAMETER (BIT SIZE)

From		To	
<b>10 5/8</b> Inches	<b>0</b> Feet	<b>200</b> Feet	
Inches	Feet	Feet	Feet
Inches	Feet	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Fl. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>	<b>13</b>	<b>.188</b>	<b>+1</b>	<b>200</b>

Perforations:

Type perforation **MILLSLOT**  
 Size perforation **3/16 X 3**  
 From **180** feet to **200** 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 **200** feet

9. WATER LEVEL  
 Static water level **6** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. P.S.I.  
 Water temperature **C** °F Quality \_\_\_\_\_

Date started **3/22/2004**, 19\_\_\_\_  
 Date completed **3/23/2004**, 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)
<b>150+</b>			<b>2</b>

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 *Dani M...*  
 By driller performing actual drilling on-site or contractor  
 Date **3/26/2004**

RECEIVED  
 04 APR 23 AM 11:07  
 STATE ENGINEERS OFFICE