

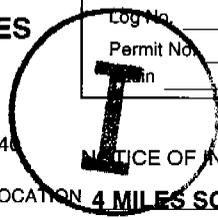
STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

Log No. 78492
 Permit No. 45



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **FRANCIS WOOD** ADDRESS AT WELL LOCATION **4 MILES SOUTH OF EXBURZ EXIT OF I-80**
 MAILING ADDRESS **ELBURZ ROUTE 192-13**
ELKO, NV 89801

2. LOCATION **SE** 1/4 **SW** 1/4 Sec. **12** T **35N** N/S R **57E** E **ELKO** County
 PERMIT NO. **006-540-013** **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	3	3
SAND & GRAVEL		3	12	9
GREY CLAY		12	16	4
GRAVEL	18	16	24	8
GREY CLAY		24	40	16

Verbal approval on variance of surface seal from **Tim Wilson**

Abandon old well by:
 Perforating from 10-20 feet with air perforator perforation size approximately 1 x 1/4"
 Pump from 20' to surface with neat cement

Material used:
 5 100 lb bags of Portland cement

8. WELL CONSTRUCTION
 Depth Drilled **40** Feet Depth Cased **40** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 5/8** Inches To **0** Feet **40** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13	.188	+1	40

Perforations:
 Type perforation **MILLSLOT**
 Size perforation **3/16 X 3**
 From _____ **20** feet to _____ **40** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **15** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **15** feet to **40** feet

9. WATER LEVEL
 Static water level **15** 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 *Darri Reuss*
 By driller performing actual drilling on-site or contractor
 Date **10/15/99**

Date started **10/7/99**, 19____
 Date completed **10/8/99**, 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	15		6

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