

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. **57283**

1. OWNER **ALAN CLARK**
 MAILING ADDRESS **508 OSINO UNIT 13**
ELKO, NV 89801

ADDRESS AT WELL LOCATION **CHIPPEWA AVE., OSINO, NV**
NAD27 117 0610657
4533038

2. LOCATION **SE 1/4 SE 1/4 Sec. 5 T 35N** N/S R **56E E** **ELKO** County
 PERMIT NO. **006-321-005-013** **SPECIAL LANDS**
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other Municipal/Industrial Monitor Stock Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL		0	2	2
SAND & GRAVEL		2	10	8
SAND, GRAVEL & TAN CLAY		10		
GRAVEL		30	50	20
GRAVEL & TAN CLAY		50	130	80
GRAVEL		130	170	40
TAN CLAY		170	180	10
GRAVEL		180	210	30
GRAVEL W/TAN CLAY		210	290	80
CLAY W/SOME GRAVEL		290	300	10
GRAVEL		300	320	20
GRAVEL W/SOME CLAY		320	370	50
GRAVEL		370	380	10
GRAVEL W/SOME CLAY		380	400	20
GRAVEL	X	400	450	50
GRAVEL CEMENTED		450	470	20
GRAVEL	X	470	520	50
GRAVEL	X	520	540	20

8. WELL CONSTRUCTION
 Depth Drilled **540** Feet Depth Cased **540** Feet
 HOLE DIAMETER (BIT SIZE)
10-5/8 Inches From **0** Feet To **540** 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	18	.250	+2	520
6-5/8	13	.188	520	540

Perforations:
 Type perforation **SLOTS**
 Size perforation **3/16x3 6 ROWS .188 WALL 13 LBS.**
 From _____ **520** feet to _____ **540** feet
 From _____ feet to _____ feet

PLACED 20 BAGS OF 3/8 MEDIUM CHIP BENTONITE 10' TO 50' AND NEAT CEMENT FROM 10' TO SURFACE

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 **540** feet

N40.947895
W 115.685431 NAD27

9. WATER LEVEL
 Static water level **290** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

Date started **5/1/2006** 19____
 Date completed **5/3/2006** 19____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

7. WELL TEST DATA
 TEST METHOD: Bailer Pump Air Lift
 G.P.M. Draw Down (Feet Below Static) Time (Hours)
50 **1.5**

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 **1166**
 Signed *Robert C. Dedden*
 By driller performing actual drilling on-site or contractor
 Date **5/4/2006**