

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

OFFICE USE ONLY
 Log No. 99818
 Permit No. _____
 Basin 049

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. 56489

1. OWNER DON MITTON ADDRESS AT WELL LOCATION FOXGLOVE STREET
 MAILING ADDRESS 255 OAKSHIRE
SPRING CREEK, NV 89815

2. LOCATION SE 1/4 NE 1/4 Sec. 33 T 35N N/S R 55E E ELKO County
 PERMIT NO. 037-016-006 MVR 5
 Issued by Water Resources Parcel No. 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
TOP SOIL		0	3	3
GRAVEL & CLAY		3	20	17
MED. SANDSTONE		20	25	5
SOFT SANDSTONE W/CLAY		25	40	15
MED. SANDSTONE		40	100	60
MED. SANDSTONE W/CLAY		100	120	20
MED. SANDSTONE		120	210	90
SANDSTONE W/GRAVEL	X	210	250	40
GRAY CLAY		250	260	10
CLAY & SANDSTONE		260	280	20
SANDSTONE & GRAVEL	X	280	305	25

PLACED 35 BAGS OF MED. CHIP BENTONITE FROM 10' TO 100' & neat cement from 0' TO 10'

8. WELL CONSTRUCTION
 Depth Drilled 305 Feet Depth Cased 305 Feet

HOLE DIAMETER (BIT SIZE)
 From 10-5/8 Inches To 0 Feet 305 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6-5/8</u>	<u>13</u>	<u>.188</u>	<u>+2</u>	<u>305</u>

Perforations:
 Type perforation SLOTS
 Size perforation 3/16 X 3 6 ROWS

From 285 feet to 305 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 100 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured

Gravel Packed: Yes No
 From 100 feet to 305 feet

9. WATER LEVEL
 Static water level 85 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COLD °F Quality GOOD

Date started 3/2/06 .19
 Date completed 3/3/06 .19

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>60</u>	<u>1</u>
G.P.M.		

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 1166
 Signed Wale C. Uden By driller performing actual drilling on-site or contractor
 Date 3/6/2006