

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

OFFICE USE ONLY
 Log No. 99821
 Permit No. _____
 Basin 042

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. 57275

1. OWNER **RALPH CLARK** ADDRESS AT WELL LOCATION **REDHEAD & 6TH STREET,**
 MAILING ADDRESS **719 RIVER RANCH UNIT 5** **150 6TH**
ELKO, NV 89801 **STREET**
 2. LOCATION NE 1/4 NW 1/4 Sec. 11 T 36N N/S R 58E E ELKO County
 PERMIT NO. 018-002-005 **HUMBOLDT ACRES, LOT 5 BLOCK B**
 Issued by Water Resources Parcel No. Subdivision Name

3. **WORK PERFORMED** 4. **PROPOSED USE** 5. **WELL TYPE**
 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	3	
SOFT TAN CLAY W/SOME GRAVEL		3		
GRAVEL			40	37
CLAY, BLUE GRAY W/GRAVEL		40	100	60
BLUE CLAY, SOME GRAVEL	X	100	150	50
BLUE CLAY		150	285	135
TAN SANDY CLAY		285	300	15
COARSE SAND	X	300	324	24

8. **WELL CONSTRUCTION**
 Depth Drilled 324 Feet Depth Cased 324 Feet
HOLE DIAMETER (BIT SIZE)
 From To
10-5/8 Inches 0 Feet 324 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>324</u>

Perforations:
 Type perforation **SLOTS**
 Size perforation **3/16x3 6 ROWS**
 From 304 feet to 324 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 324 feet

Date started 3/16/2006, 19
 Date completed 3/17/2006, 19

9. **WATER LEVEL**
 Static water level _____ feet below land surface
 Artesian flow 12 G.P.M. 18 P.S.I.
 Water temperature COLD °F Quality GOOD

7. **WELL TEST DATA**

TEST METHOD:	TEST METHOD:	
	G.P.M.	Time (Hours)
<input type="checkbox"/> Bailer		
<input type="checkbox"/> Pump		
<input type="checkbox"/> Air Lift		
FLOWING	<u>12</u>	
CAPPED		

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, then on-site driller 1166
 Signed Dale C. Veden
 By driller performing actual drilling on-site or contractor
 Date 3/21/2006