

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

OFFICE USE ONLY  
 Log No. 99848  
 Permit No. \_\_\_\_\_  
 Basin 046

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. 56494

1. OWNER **RAY CORTA**  
 MAILING ADDRESS **HC 30 BOX 151**  
**SPRING CREEK, NV 89815**

ADDRESS AT WELL LOCATION **TWIN BRIDGES, ELKO**  
**COUNTY,**  
**NEVADA**

2. LOCATION **NW** 1/4 **NE** 1/4 Sec. **36** T **32N**  
 PERMIT NO. **006-070-006**

N/S R **55E** E **ELKO** County  
**PARCEL 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
SAND AND GRAVEL		0	10	
SAND, GRAVEL W/SOME ROCKS	X	10	15	5
BROKEN ROCK, GRAVEL W/SOME CLAY (TAN)		15	25	10
SOFT TAN CLAY		25	35	10
GRAVEL & TAN CLAY		35	40	5
GRAVEL W/SOME CLAY	X	40	90	50
SOFT GRAY CLAY		90	100	10
BROKEN ROCK W/SOME SHALE	X	100	120	20

8. WELL CONSTRUCTION

Depth Drilled 120 Feet Depth Cased 120 Feet

HOLE DIAMETER (BIT SIZE)  
 From 10 Inches +1 Feet 120 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	12.92	.188	+1	120

Perforations:  
 Type perforation **SLOTTED 3/16X3 6-ROWS**  
 Size perforation \_\_\_\_\_  
 From 100 feet to 120 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type: \_\_\_\_\_  
 Depth of Seal 100 \_\_\_\_\_  
 Placement Method:  Pumped  Neat Cement  
 Poured  Cement Grout  
 Concrete Grout  
 Gravel Packed:  Yes  No  
 From 100 feet to 120 feet

9. WATER LEVEL  
 Static water level 20 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature COLD °F Quality GOOD

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 Dale C. Hedden  
 By driller performing actual drilling on-site or contractor  
 Date 1/30/06

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)	
<u>20</u>		<u>1.5</u>	

Date started 1/23/06  
 Date completed 1/26/06