



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

OFFICE USE ONLY  
Log No. 102802  
Permit No. \_\_\_\_\_  
Basin 044

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. 59028

1. OWNER SCOTT MANSANAREZ ADDRESS AT WELL LOCATION 772 STAGELINE LOOP  
MAILING ADDRESS 560 MATYS LANE #2  
SE ELKO, NV 89801 Subdivision Name: WILD KORSE ESTATES County: ELKO

2. LOCATION NE 1/4 SW 1/4 Sec 23 T 36N N/S R 54 E Latitude UTM E 11T0595314  NAD 27  
PERMIT/WAIVER No. 005-53A-007 Longitude N UTM 4538122  NAD 83/WGS 84  
Issued by Water Resources Parcel No. \_\_\_\_\_

3. WORKED PERFORMED  
 New Well  Replace  Recondition  
 Deepen  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	2	2
BROWN CLAY		2	4	2
SAND & GRAVEL		4	25	21
SILTSTONE	155	25	150	125
SILTSTONE W/GRAVEL MIX		150	180	30
<u>N 40.988807</u>				
<u>W 115.865968 NAD27</u>				
<u>N 40.988807</u>				
<u>W 115.865968 NAD27</u>				

9. WELL CONSTRUCTION

Depth Drilled 180 Feet Depth Cased 180 Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
<u>10-5/8</u> Inches	<u>0</u> Feet	<u>180</u> 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>+1</u>	<u>180</u>

Perforations:

Type of perforation MILL SLOT  
Size of perforation 3/16X3

From	feet to		feet
<u>160</u>	<u>180</u>		
_____	_____		
_____	_____		
_____	_____		
_____	_____		

Annular Seal:  Yes  No

<input checked="" type="checkbox"/> Neat Cement	<u>5</u> to <u>15</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack:  Yes  No 50 to 180  Pumped  Poured  
Type: PEA GRAVEL

Bentonite Chips:  Yes  No 15 to 50  Pumped  Poured  
Type: 3/8 CHIPS

Date started: 6-Feb, 20 07  
Date completed: 7-Feb, 20 07

7. Water Level

Static water level: 120 feet below land surface  
Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: COLD °F  
Quality: \_\_\_\_\_

8. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>15</u>		<u>4</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 [Signature]  
By driller performing actual drilling on site or contractor

Date 2/12/2007

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY