



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

OFFICE USE ONLY
Log No. 102807
Permit No. _____
Basin B44

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. 59034

1. OWNER SCOTT LEIPPRADT
MAILING ADDRESS 3704 BEN CREEK CT.
ALEDO, TX 76008-3607

ADDRESS AT WELL LOCATION END OF ANDY'S WAY
Subdivision Name: ELKO SUMMIT ESTATES 2 County: ELKO

2. LOCATION SW 1/4 NW 1/4 Sec 36 T 34N N/S R 55 E
PERMIT/WAIVER No. _____
Issued by Water Resources _____ Parcel No. _____

Latitude _____ UTM E 11T0606838 NAD 27
Longitude _____ N 4516069 NAD 83/WGS 84

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	3	3
SILTSTONE & GRAVEL		3	14	11
BLACK ASH	125	14	160	146
<i>N 40, 788762</i>				
<i>W 115, 737797 NAD27</i>				
<i>W 115, 737797 NAD27</i>				

9. WELL CONSTRUCTION				
Depth Drilled	160	Feet	Depth Cased	160
HOLE DIAMETER (BIT SIZE)				
	From	To		
	10-5/8	0	160	Feet
				Feet
				Feet
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6-5/8	13	.188	+1	160

Perforations:				
Type of perforation	MILL SLOTS			
Size of perforation	3/16x3			
From	140	feet to	160	feet
From		feet to		feet
From		feet to		feet
From		feet to		feet
From		feet to		feet
Annular Seal: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input checked="" type="checkbox"/> Neat Cement	5	to	50	<input checked="" type="checkbox"/> Pumped <input 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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	50	to	160	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
Type:	PEA GRAVEL			
Bentonite Chips: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		to		<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
Type:				

Date started: 9-Feb 2007
Date completed: 9-Feb 2007

7. Water Level
Static water level: 53 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: _____

8. WELL TEST DATA			
TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	20		4

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 2/15/2007

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY