

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

OFFICE USE ONLY

Log No. 106108
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. 62204

1. OWNER GAYLA PREECE & LARRY LEDNISKY
MAILING ADDRESS P.O. BOX 1814
ELKO, NV 89803

ADDRESS AT WELL LOCATION FRONTIER DRIVE
LOT 10, BLOCK 35
Subdivision Name: Meadow Valley Rancho #1 County: ELKO

2. LOCATION SW 1/4 NW 1/4 Sec 6 T 35N N/S R 57 E
PERMIT/WAIVER No. 030-035-010
Issued by Water Resources Parcel No. _____

Latitude UTM E 11T 0617852 NAD 27
Longitude N 4534118 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
TOPSOIL		0	1	1
BROWN CLAY		1	20	19
GRAY CLAY		20	30	10
SAND & FINE GRAVEL	X	30	80	50
SAND		80	100	20
SAND & GRAVEL MIX	XX	100	120	20
<u>N 40.951615</u>				
<u>W 115.599775 NAD27</u>				

9. WELL CONSTRUCTION

Depth Drilled	120	Feet	Depth Cased	120	Feet
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HOLE DIAMETER (BIT SIZE)

	From	To		
10 5/8	0	120	Inches	Feet
			Inches	Feet
			Inches	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	13	.188	+2	120

Perforations:
Type of perforation MACHINED MILL SLOT
Size of perforation 3/16" X 3", 6 ROWS
From 100 feet to 120 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 2 to 50 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 55 to 120 Pumped Poured
Type: 3/8" PEA GRAVEL

Bentonite Chips: Yes No 50 to 55 Pumped Poured
Type: 3/8" BENTONITE CHIPS

Date started: 5-Jun, 2008
Date completed: 9-Jun, 2008

7. Water Level
Static water level: 20 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COOL °F
Quality: GOOD

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	<u>20</u>	<u>4 1/2</u>	<u>4 1/2</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 1653
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 6/11/2008