

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

OFFICE USE ONLY
Log No. 106168
Permit No. _____
Basin 189D

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. 60151

1. OWNER WALKER-WINECUP-GAMBLE INC ADDRESS AT WELL LOCATION GAMBLE RANCH @ FLOOD TOWER #11
MAILING ADDRESS P. O. BOX 249
MONTELLLO, NV 89830 Subdivision Name: PARCEL OF LAND County: ELKO

2. LOCATION SE 1/4 NE 1/4 Sec 22 T 40N N/S R 69 E Latitude 41.338286 UTM E 11T 0739241 NAD 27
PERMIT/WAIVER No. 75767-T ~~100155~~ 010-590-003 Longitude 114.140893 N 4580043 NAD 83/WGS 84
Issued by Water Resources 7333 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	7	7
Gravel		7	45	38
Gravel, Blue clay		45	85	40
Brown Clay, little Gravel		85	90	5
Gravel, Small amounts of Clay	X	90	130	40
Gravel	X	130	180	50
Gravel, Sand, small amounts of Clay	X	180	200	20
Clay, some Gravel		200	204	4

9. WELL CONSTRUCTION

Depth Drilled 204 Feet Depth Cased 202 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
24	0	204		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
16	52.4	.313	+2	202

Perforations:

Type of perforation MACHINED MILL SLOT
Size of perforation 3/16" X 3", DOUBLE ROW, 32 ROWS

From 122 feet to 202 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout 0 to 100 Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 100 to 202 Pumped Poured
Type: 3/8" BIRDS EYE - GOPHER GRAVEL from FERNLEY
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 26 JUNE , 20 07
Date completed: 3-Jul , 20 07

7. Water Level
Static water level: 32 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)

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 2335

Signed Don R Bilan
By driller performing actual drilling on site or contractor
Date 7-17-07

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

RECEIVED
2008 JUN 27 AM 11:48
STATE ENGINEERS OFFICE