

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

OFFICE USE ONLY

Log No. 108301
Permit No. _____
Basin 049

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. 63922

1. OWNER MANUEL ROMERO ADDRESS AT WELL LOCATION INDIGO DRIVE
MAILING ADDRESS 552 OSINO, UNIT 4 OSINO AREA (SW corner of Indigo Drive & Paiute Ave) (LOT 1, BLK 30)
ELKO, NV 89801 Subdivision Name: Meadow Valley Ranchos 3 County: ELKO

2. LOCATION SE 1/4 SW 1/4 Sec 3 T 35N N/S R 56 E Latitude _____ UTM E 11T 0613460 NAD 27
PERMIT/WAIVER No. 035-030-001 Longitude _____ N 4533063 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
TOPSOIL		0	1	1
BROWN SAND & CLAY		1	20	19
FINE GRAVEL & SAND		20	30	10
FINE GRAVEL W/BRN CLAY		30	40	10
FINE GRAVEL & SAND	X	40	100	60
COARSE GRAVEL	XX	100	140	40
1ST WATER 60'				
2ND WATER 120'				

9. WELL CONSTRUCTION

Depth Drilled	140	Feet	Depth Cased	140	Feet
HOLE DIAMETER (BIT SIZE)					
From		To			
10 5/8	Inches	0	Feet	140	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	13	.188	+2	140

Perforations:

Type of perforation MACHINED MILL SLOT
Size of perforation 3/16" X 3", 6 ROW

From 120 feet to 140 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 4 to 15 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 50 to 140 Pumped Poured
Type: 3/8" PEA GRAVEL

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

Date started: 18-Feb , 20 09
Date completed: 19-Feb , 20 09

7. Water Level
Static water level: 35 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COLD °F
Quality: GOOD

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>60</u>		<u>4.5</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 2/20/2009