

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

OFFICE USE ONLY
Log No. 117034
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. 70288

1. OWNER LOUIS BERGERON ADDRESS AT WELL LOCATION KIMBERLY AVE
MAILING ADDRESS 212 COTTONWOOD DR BLK G LOT 3
ELKO, NV 89801 Subdivision Name: LCR 2 County: ELKO

2. LOCATION SE ¼ NW ¼ Sec 9 T 34N N/S R 56 E Latitude _____ UTM E 11T 0611957 NAD 27
PERMIT/WAIVER No. 014-018-003 Longitude _____ N 4522555 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
ORIGINAL WELL LOG				
UNKNOWN				
CASED HOLE		0	260	260
SOFT SHALE		260	280	20
HARD SHALE	X	280	300	20
SHALE		300	360	60
SHALE w/ GRAY SANDSTONE		360	370	10
GRAY CLAY & SANDSTONE		370	380	10
SHALE w/ some SANDSTONE		380	415	35
SHALE & HARD SANDSTONE		415	435	20

Existing 6" casing was crooked not allowing the 5 1/2" casing to go all the way to the bottom so we sealed the bottom of the hole w/ cement

9. WELL CONSTRUCTION

Depth Drilled 435 Feet Depth Cased 400 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>6 1/8</u> Inches	<u>260</u> Feet <u>435</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>6.625</u>		<u>EXISTING</u>	<u>+1 1/5</u>	<u>260</u>
<u>5.563</u>	<u>14.6</u>	<u>.258</u>	<u>220</u>	<u>400</u>

Perforations:

Type of perforation PLASMA CUT

Size of perforation 1/4" X 4", 6 ROWS

From	feet to	_____ feet
<u>360</u>	<u>380</u>	_____ feet
<u>280</u>	<u>300</u>	_____ feet
<u>240</u>	<u>260</u>	_____ feet
_____	_____	_____ feet
_____	_____	_____ feet

Annular Seal: Yes No

Neat Cement 400 to 435 Pumped Poured

Cement Grout _____ to _____ Pumped Poured

Concrete Grout _____ to _____ Pumped Poured

≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No _____ to _____ Pumped Poured

Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

7. Water Level

Static water level 255 feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: 65 °F

Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
AT 320'	<u>4</u>		<u>1/4 HOUR</u>
AT 380'	<u>4</u>		<u>2 HOURS</u>
<u>Deepens unknown well log</u>			
<u>NAD 27</u>			
<u>40,448306</u>			
<u>115,164881</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 1166

Signed Dale C. Vester
By driller performing actual drilling on site or contractor

Date 8/6/2013