

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

OFFICE USE ONLY
Log No. 114549
Permit No. _____
Basin No. 043

PRINT OR TYPE IN BLACK INK 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. 68830
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME QUINN & AMBER WESTMORELAND
MAILING ADDRESS 440 CORRAL LN UNIT 14
SPRING CREEK, NV 89815

DETAILED ADDRESS AT WELL LOCATION CLARK AVE
LOT 6 BLK 36
Subdivision Name: LNR #1 County: ELKO

2. PLS LOCATION SE ¼ NW ¼ 23 Sec 32N N/S 55 E
PERMIT/WAIVER NO. 027-036-006
Issued by Water Resources Current Parcel No.

Latitude _____ UTM E 11T 0605699 NAD 27
Longitude _____ UTM N 4500037 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG				
Material Encountered	Lost Circ.	Water Strata	From	To
TOPSOIL			0	1
SAND & GRAVEL			1	10
CLAY & GRAVEL			10	40
CLAY			40	110
CLAY & SAND			110	120
SAND			120	130
SAND & CLAY			130	140
SAND			140	150
SAND & CLAY			150	165
GRAVEL		X X	165	180

9. INSTRUCTION
Depth Drilled: 180 Feet Depth Cased: 175 Feet

HOLE DIAMETER (BIT SIZE)			
Inches	From	To	Feet
<u>10 5/8</u>	<u>0</u>	<u>180</u>	<u>180</u>

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.625</u>	<u>13</u>	<u>.188</u>	<u>+2</u>	<u>175</u>

ANNULAR MATERIALS
Sanitary Seal Yes No

<input type="checkbox"/> Neat Cement <u>5</u> to <u>25</u>	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
<input checked="" 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"/> Bentonite Chips <u>25</u> to <u>55</u>	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Gravel Pack [> 0.2 in.] <u>55</u> to <u>175</u>	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [< 0.2 in.] _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain: _____ to _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

Date started: 3-Apr _____ :20 _____ 14
Date completed: 3-Apr _____ :20 _____ 14

7. WATER QUALITIES
Static water level: 84 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 55 ° Fahrenheit
Water Quality: GOOD

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
100'	10		.5
120'	30		.5
160'	60		1
175'	65		1

PERFORATIONS:
Type of perforation: PLASMA CUT
Size of perforation: 3/16" X 4", 7 ROWS

From <u>155</u> Feet	To <u>175</u> Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name HACKWORTH DRILLING INC. Contractor
Address P.O. BOX 850, ELKO, NV 89803 Contractor
Nevada contractor's license number as issued by the State Contractor's Board: 020582
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 1408
Signed: [Signature]
Date: 4-Apr-14

(Rev 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

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