

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

OFFICE USE ONLY
Log No. 120621
Permit No. _____
Basin No. 061

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. 71825
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME ARNOLD BECK CONSTRUCTION
MAILING ADDRESS 247 GREENCREST DR
SPRING CREEK, NV 89815

DETAILED ADDRESS AT WELL LOCATION 626 DALLIN CT

2. PLS LOCATION SW 1/4 NE 1/4 28 Sec 34N N/S 55 E
PERMIT/WAIVER NO 006-09P-173
Issued by Water Resources Current Parcel No.

Subdivision Name: SPECIAL LANDS County: ELKO
Latitude UTM E 11T 0602814 NAD 27
Longitude UTM N 4517715 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
FILL ROCK			0	7
GRAVEL w/ BOULDERS			7	15
GREY TAN CLAY w/ FINE GRAVEL			15	30
GREY TAN CLAY			30	100
GREY BLACK CLAY			100	130
VOLCANIC TUFT			130	190
BLACK SHALE GRAVEL			190	200
VOLCANIC TUFT		X	200	310
BLACK SHALE GRAVEL w/ CLAY		X	310	390
GREY CLAY w/ FINE GRAVEL			390	420

9. INSTRUCTION
Depth Drilled: 420 Feet Depth Cased: 420 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 5/8</u> inches	<u>0</u> Feet <u>420</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>13</u>	<u>.188</u>	<u>+2</u>	<u>420</u>

ANNULAR MATERIALS

Sanitary Seal Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>0</u> to <u>25</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Paired
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Paired
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Paired
<input checked="" type="checkbox"/> Bentonite Chips	<u>25</u> to <u>55</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Paired
<input checked="" type="checkbox"/> Gravel Pack [> 0.2 in.]	<u>55</u> to <u>420</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Paired
<input type="checkbox"/> Sand Pack [< 0.2 in.]	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Paired
<input type="checkbox"/> Other, explain: _____	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Paired

PERFORATIONS:

Type of perforation: PLASMA CUT / PERFORATOR TOOL

Size of perforation: 3/16" X 4" 7 ROWS / 4 ROW PERF TOOL

From <u>200</u> Feet	To <u>220 PERF TOOL</u> Feet
From <u>230</u> Feet	To <u>260 PERF TOOL</u> Feet
From <u>320</u> Feet	To <u>360 PLASMA</u> Feet
From <u>380</u> Feet	To <u>400 PLASMA</u> Feet

Date started: 24-Jun 20 14
Date completed: 27-Jun 20 14

7. WATER QUALITIES
Static water level: 135 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 116 ° Fahrenheit
Water Quality: FAIR

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

8. WELL TEST DATA

Test Method: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>AT 400'</u>	<u>6</u>	<u>4 HOURS</u>

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): 1653
Signed: [Signature]
Date: 6/30/2014

RECEIVED
2014 SEP -2 PM 1:50
STATE ENGINEERS OFFICE

NAD 27
40, 804951
116.781347