

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

OFFICE USE ONLY
Log No. 121005
Permit No. _____
Basin No. 045

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 634.340

NOTICE OF INTENT NO. 71657

WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME SHARON SCHOLLARS
MAILING ADDRESS 170 ROCKING CHAIR RD #4
SPRING CREEK, NV 89815

DETAILED ADDRESS AT WELL LOCATION 343 BAR NONE LANE

Subdivision Name: PLEASANT VALLEY ESTATES County: ELKO

2. PLS LOCATION SW 1/4 NE 1/4 26 Sec 33N N/S 57 E
PERMIT/WAIVER NO. 023-020-010
Issued by Water Resources Current Parcel No.

Latitude UTM E 625436 NAD 27
Longitude UTM N 4508161 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL#
 Replacement: Original well log # UNKNOWN
 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	20
GRAVEL & CLAY			20	50
CLAY			50	60
GRAVEL & CLAY			60	70
SAND & GRAVEL			70	110
GRAVEL			110	130
GRAVEL & CLAY			130	180
GRAVEL		180	180	200
SAND			200	210
SAND & GRAVEL		210	210	215

9. INSTRUCTION
Depth Drilled: 215 Feet Depth Cased: 210 Feet

HOLE DIAMETER (BIT SIZE)			
	From	To	
<u>10 5/8</u> Inches	<u>0</u> Feet	<u>215</u> 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>210</u>

ANNULAR MATERIALS

Sanitary Seal Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>4</u> to <u>105</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input 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	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Gravel Pack [> 0.2 in.]	<u>105</u> to <u>180</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

Hole caved in, drove casing from 180' till it stopped at 210'

NAD 27
40.716737°N
115.515017°W

Date started: 7-Oct 20 14
Date completed: 8-Oct 20 14

7. WATER QUALITIES

Static water level: 154 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 56 ° Fahrenheit
Water Quality: GOOD

8. WELL TEST DATA

Test Method:	<input type="checkbox"/> Bailor	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>AT 200'</u>	<u>10</u>		<u>4 HOURS</u>

PERFORATIONS:

Type of perforation: PLASMA CUT / PERFORATOR TOOL
Size of perforation: 3/16" X 4", 7 ROWS / 4 ROW PERF TOOL

From <u>180</u> Feet	To <u>190</u> Feet	PERF TOOL
From <u>190</u> Feet	To <u>210</u> Feet	PLASMA

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: 20582
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 1408

Signed: [Signature]
Date: 10/10/2014

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 2014 OCT 27 PM 1:35
 STATE ENGINEERS OFFICE

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY

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Replacing Unknown Well log