

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

OFFICE USE ONLY
Log No. 122426
Permit No. _____
Basin No. 049

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. 72763
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME ARNOLD BECK CONSTRUCTION
MAILING ADDRESS 2147 GREENCREST DR
SPRING CREEK, NV 89815

DETAILED ADDRESS AT WELL LOCATION 621 DALLIN CT

2. PLS LOCATION SW 1/4 NE 1/4 28 Sec 34N N/S 55 E
PERMIT/WAIVER NO. 006-09P-170
Issued by Water Resources Current Parcel No.

Subdivision Name: SPECIAL LANDS County: ELKO
Latitude _____ UTM E 602782 NAD 27
Longitude _____ UTM N 4517742 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
ALLUVIUM			0	30
LIGHT GREEN CLAY			30	90
GREEN CLAY w/ WHITE CHALK			90	100
GREEN CLAY		X	100	200
(PERCHED WATER @ 160')				
GREEN CLAY w/ SHALE		XX	200	220
GREEN CLAY			220	250
GREEN CLAY w/ WHITE CHALK			250	260
GREEN CLAY			260	340
GREEN CLAY w/ BLACK SHALE			340	360
GREEN CLAY w/ SHALE		XX	360	380
1ST WATER		120		

9. INSTRUCTION
Depth Drilled: 380 Feet Depth Cased: 380 Feet

HOLE DIAMETER (BIT SIZE)			
	From	To	
<u>10 5/8</u> Inches	<u>0</u> Feet	<u>380</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>+1.5</u>	<u>380</u>

ANNULAR MATERIALS

Sanitary Seal Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>4</u> to <u>25</u>	<input type="checkbox"/> Pumped	<input checked="" 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 checked="" 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>380</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: 2-Apr , 20 15
Date completed: 6-Apr , 20 15

7. WATER QUALITIES
Static water level: 116 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 85 ° Fahrenheit
Water Quality: GOOD

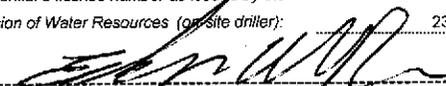
8. WELL TEST DATA

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			
AT 360'	<u>20</u>		<u>2 HOURS</u>
AT 320'	<u>15</u>		<u>1 HOUR</u>
AT 260'	<u>7 1/2</u>		<u>1 HOUR</u>

PERFORATIONS:

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

From <u>200</u> Feet	To <u>220</u> Feet
From <u>320</u> Feet	To <u>340</u> Feet
From <u>360</u> Feet	To <u>380</u> 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): 2329
Signed:  By driller performing actual drilling on site or contractor
Date: 4/9/2015