

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

OFFICE USE ONLY
Log No. 123585
Permit No. _____
Basin No. 189 13

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. 73781
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME PHIL BEHENNA
MAILING ADDRESS P.O. BOX 1449
MINDEN, NV 89423

DETAILED ADDRESS AT WELL LOCATION ABOUT 5 MILES EAST
OF US 93 & 2 MILES SOUTH OF WINE CUP RANCH
Subdivision Name: SPECIAL LANDS County: ELKO

2. PLS LOCATION SE 1/4 SW 1/4 1 Sec 40N N/S 64 E
PERMIT/WAIVER NO. 009-15L-001
Issued by Water Resources Current Parcel No.

Latitude _____ UTM E 693437 NAD 27
Longitude _____ UTM N 4582572 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	10'
GREY SHELL			10'	200'
BLACK SHELL WITH SOME CALSIDE IN IT		X	200'	300'
GREY SHELL		XXX	300'	400'

9. INSTRUCTION

Depth Drilled: 400' Feet Depth Cased: 400' Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 5/8</u> Inches	<u>0</u> Feet <u>400'</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>+1.5</u>	<u>400'</u>
_____	_____	_____	_____	_____

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NAD 27
41.372617
114.686691

Date started: 23-Oct, 20 15
Date completed: 28-Oct, 20 15

7. WATER QUALITIES
Static water level: 176' Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 69° ° Fahrenheit
Water Quality: GOOD

8. WELL TEST DATA

Test Method: Bailor Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<u>400'</u>	<u>29</u>	<u>2HRS.</u>	<u>240'=20GPM</u>
<u>360'</u>	<u>24</u>	<u>1HR.</u>	<u>220'=5GPM</u>
<u>300'</u>	<u>22</u>	<u>.5HR</u>	
<u>280'</u>	<u>26</u>	<u>.5HR</u>	
<u>260'</u>	<u>20</u>	<u>.5HR</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"/> 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>50'</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Gravel Pack [> 0.2 in.]	<u>50'</u> to <u>400'</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

PERFORATIONS:

Type of perforation: PLASMA CUT

Size of perforation: 3/16" X 4" 9 ROWS

From <u>380'</u>	Feet	To <u>400'</u>	Feet
From <u>340'</u>	Feet	To <u>360'</u>	Feet
From <u>300'</u>	Feet	To <u>320'</u>	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): 2329

Signed: [Signature]
By driller performing actual drilling and/or contractor

Date: 10-30-15