

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

OFFICE USE ONLY
Log No. 125878
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 534.340

NOTICE OF INTENT NO. 74881

WELL NAME (if applicable) _____

1. OWNER/CLIENT NAME MELANIE WOODEN
MAILING ADDRESS P.O. BOX 281368
LAMOILLE, NV 89828

DETAILED ADDRESS AT WELL LOCATION 1701 PENNY LANE

2. PLS LOCATION SE 1/4 SE 1/4 13 Sec 33N N/S 57 E
PERMIT/WAIVER NO. 006-52A-013
Issued by Water Resources Current Parcel No.

Subdivision Name: SPECIAL LANDS County: ELKO
Latitude UTM E 627309 NAD 27
Longitude UTM N 4510633 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'
SAND & GRAVEL			10'	20'
GRAVEL/LIGHT GREEN CLAY			20'	30'
SAND & GRAVELS		X	30'	80'
COBBLES & SAND		X	80'	100'
SAND & GRAVEL		XX	100'	140'

9. INSTRUCTION

Depth Drilled. 140' Feet Depth Cascd. 140' Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10 5/8"</u> Inches <u>0</u> Feet	<u>140'</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>140'</u>
_____	_____	_____	_____	_____

ANNULAR MATERIALS

Sanitary Seal Yes No

<input checked="" type="checkbox"/> Neat Cement <u>5'</u> to <u>100'</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 checked="" type="checkbox"/> Bentonite Chips <u>100'</u> to <u>105'</u>	<input type="checkbox"/> Pumped <input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Gravel Pack [> 0.2 in] <u>105'</u> to <u>140'</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" 6 ROWS

From <u>120'</u> Feet	To <u>140'</u> Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet

Date started: 1-Sep 20 16
Date completed: 2-Sep 20 16

7. WATER QUALITIES
Static water level: 83 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 52 ° Fahrenheit
Water Quality: GOOD

8. WELL TEST DATA

Test Method:	Bailer <input type="checkbox"/>	Pump <input type="checkbox"/>	Air Lift <input checked="" type="checkbox"/>	Recorded Time (Hours)
140'				1 HR.
120'				.5HR
100'				.5HR
90'				.25HR

Draw Down (Feet Below Static) NAD 27
40.738702
115.492252

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 on site or contractor

Date: 9/2/2016

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY