

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

OFFICE USE ONLY
 Log No. 79692
 Permit No. _____
 Basin 44

NOTICE OF INTENT NO. **37561**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER **SAM LANE**
 MAILING ADDRESS **P.O. BOX 6296**
ELKO, NV 89802

ADDRESS AT WELL LOCATION **COUNTY ROAD 21C OFF**
ELBURZ EXIT I-80

2. LOCATION **SE** 1/4 **NE** 1/4 Sec. **11 T 35N** N/S R **57E** E **ELKO** County
 PERMIT NO. **006-54E-006** **SPECIAL LANDS**
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other
 4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOPSOIL		0	2	2
SILTSTONE		2	6	4
SILT & GRAVEL		6	60	54
SILTSTONE & GRAVEL		60	140	80
GREY CLAY & GRAVEL	180	140	220	80

8. WELL CONSTRUCTION
 Depth Drilled **220** Feet Depth Cased **220** Feet
 HOLE DIAMETER (BIT SIZE)
 10 5/8 Inches From 0 Feet To 220 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13	.188	+1	220

Perforations:
 Type perforation **MILLSLOT**
 Size perforation **3/16 X 3**
 From **200** feet to **220** feet

Surface Seal: Yes No
 Depth of Seal **50**
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From **50** feet to **220** feet

9. WATER LEVEL
 Static water level **109** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **C** °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **HACKWORTH DRILLING, INC** Contractor
 Address **P.O. BOX 850** Contractor

ELKO, NV 89803
 Nevada contractor's license number issued by the State Contractor's Board **020582**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1689**

Signed *[Signature]*
 By driller performing actual drilling on-site or contractor
 Date **03/21/2000**

Date started **03/14/2000** 19__
 Date completed **03/14/2000** 19__

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	20		3