

OFFICE USE ONLY
 Log No. 88100
 Permit No. 68618
 Basin 057

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 47387

1. OWNER ELLISON RANCHING ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS HC 32 BOX 240
TUSCARORA, NV 89834

2. LOCATION SW 1/4 NE 1/4 Sec 15 T. 25N N/S R 41 E LANDER County _____
 PERMIT NO. 68618 / W545 TRACT OF LAND _____
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOPSOIL		0	2	2
SAND		2	18	16
MED GRAVEL & SAND		18	42	24
BROWN CLAY		42	70	28
SAND W/ CLAY LAYERS		70	90	20
FINE GRAVEL & SAND	x	90	400	310
PUMPED 600 LB OF SUPER PLUG MIXED WITH 480 GALLON OF WATER PUMPED BROM BOTTOM UP				

8. WELL CONSTRUCTION
 Depth Drilled 400 Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
5 1/4 Inches 0 Feet 400 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
NA				

Perforations:
 Type perforation NA
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 10 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From NA feet to _____ feet

Date started APRIL 2, 2002, 19_____
 Date completed APRIL 2, 2002, 19_____
 Date _____, 19_____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
BLOWTEST	90+		

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °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 020582
 issued by the State Contractor's Board

Nevada driller's license number issued by the 1654
 Division of Water Resources, the on-site driller

Signed _____
 By driller performing actual drilling on site or contractor

Date 5-24-02