

Log No. **89505**

Permit No. **047**
 Basin

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. **50041**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **KENNY MERKLEY**
 MAILING ADDRESS **400 JIGGS UNIT 17**
SPRING CREEK, NV 89815

ADDRESS AT WELL LOCATION **NERA JIGGS UP SMITH**
CREEK ROAD

2. LOCATION **NW** 1/4 **SW** 1/4 Sec. **36** T **30N**
 PERMIT NO. **WAIVER # R-435** **006-270-009**
Issued by Water Resources Parcel No.

N/S R **56E** E **ELKO** County
TRACT OF LAND Subdivision Name

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

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor

5. WELL TYPE
 Test
 Cable
 Rotary
 Stock
 Air
 Other
 RVC

6. LITHOLOGIC LOG
 Material Water Strata From To Thickness

PUMP NEAT CEMENT FROM
0-75 FEET USE
20 BAGS 94# OF CEMENT

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

HOLE DIAMETER (BIT SIZE)
 From To

Inches	Feet	Feet
Inches	Feet	Feet
Inches	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13	.188	0	75

Perforations:

Type perforation	Size perforation	From	feet to	feet
UNK	UNK			

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

Gravel Packed: Yes No
 From **NA** feet to _____ feet

9. WATER LEVEL
 Static water level **71** 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 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 *Dani Weism*
 By driller performing actual drilling on-site or contractor

Date **3/31/2003**

Date started **3/21/2003** 19____
 Date completed **3/21/2003** 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift
 G.P.M. Draw Down (Feet Below Static) Time (Hours)

RECEIVED
 APR 15 AM 11:21
 STATE ENGINEERS OFFICE