

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

OFFICE USE ONLY
 Log No. 91994
 Permit No. _____
 Basin 049

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. **49015**

1. OWNER **SO, CRESTVIEW HOMEOWNERS ASSN.** ADDRESS AT WELL LOCATION **CRESTVIEW SUB NORTH OF ELKO**
 MAILING ADDRESS **P.O. BOX 381 ELKO**
 ELKO, NV 89803

2. LOCATION **NW 1/4 SW 1/4 Sec. 7 T 34N N/S R 55E E ELKO** County
 PERMIT NO. **68994-T** Parcel No. **083-003-008** Subdivision Name **CRESTVIEW**
Issued by Water Resources

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	1	1
HARD PAN		1	12	11
SILTSTONE, GRAVEL & SOME BOULDERS		12	460	448
GREEN SILTSTONE W/ SOME GRAVEL	660	460	715	255
GRAY SILTSTONE		715	720	5

SEALED 20-100 WITH 53 BAGS OF 3/8 HOLE PLUG
 SEALED 5-20 WITH 6 BAGS OF CEMENT

8. WELL CONSTRUCTION
 Depth Drilled **720** Feet Depth Cased **720** Feet

HOLE DIAMETER (BIT SIZE)
 From **12 1/4** Inches To **720** Feet
 From _____ Inches To _____ Feet
 From _____ Inches To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	17	.188	+1	720

Perforations:
 Type perforation **MILLSLOT**
 Size perforation **3/16 X 3**

From	To
640 feet	720 feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal **100** Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From **100** feet to **720** feet

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 PERMITS DIVISION
 DIVISION OF WATER RESOURCES
 STATE OF NEVADA

Date started **6/9/2003**, 19____
 Date completed **6/12/2003**, 19____

7. WELL TEST DATA

TEST METHOD: Baller Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
30		4

9. WATER LEVEL
 Static water level **418** 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 **6/13/2003**