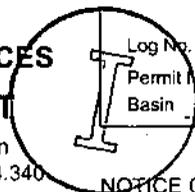


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY

Log No. 93953
 Permit No. _____
 Basin 42

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

NOTICE OF INTENT NO. 54381

1. OWNER WILLIAM RODRIGUEZ ADDRESS AT WELL LOCATION OLD CLOVER VALLEY HWY
 MAILING ADDRESS P.O. BOX 626
WELLS, NV 89835
 2. LOCATION NW 1/4 NE 1/4 Sec. 16 T 37N N/S R 62E E ELKO County
 PERMIT NO. 008-34A-015 **SPECIAL LANDS** Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other Municipal/Industrial Monitor Stock Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOPSOIL		0	2	2
BROWN CLAY		2	12	10
SILTSTONE		12	40	28
CLAY		40	120	80
SILTSTONE	160	120	200	80

After drilling and casing this hole it was determined that the City of Wells would supply water to the property. We then pulled the casing and abandoned the well. Pumped 22 bags of abandonite from 20 to 200 feet and 8 bags of cement from 0-20 feet

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased _____ Feet
HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From 0 Feet To 200 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

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

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal _____ Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 30 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

Date started 4/15/2004 _____ 19____
 Date completed 4/20/2004 _____ 19____

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
50		3	

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 _____
 Date 4/30/2004

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