WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

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

OFFICE USE ONLY
Log No. 95142
Permit No.
Basin 042

NOTICE OF INTENT NO. 54427A

1. OWNER LOUIS EASON
MAILING ADDRESS P. O. BOX 36
WELLS, NV 89835

ADDRESS AT WELL LOCATION North of Wells, NV on the Metropolis Road

2. LOCATION SE 1/4 SW 1/4 Sec. 20 T 38N N/S R 62E E ELKO County
PERMIT NO. (Issued by Water Resources) 008-350-020 (Parcel No.) Tract of Land (Subdivision Name)

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

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

5. WELL TYPE
[ ] Cable [X] Rotary [ ] RVC
[X] Air [ ] Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
RIPPED CASING FROM 80' TO 50' WITH PERFORATIONS				
PLUGGED HOLE FROM 80' TO 20' WITH 6 BAGS OF ABANDONITE				
CEMENTED FROM 20' TO SURFACE WITH 3 BAGS OF CEMENT				

RECEIVED
04 JUL 19 PM 2:59
STATE ENGINEERS OFFICE

Date started 7/6/2004, 19__
Date completed 7/6/2004, 19__

7. WELL TEST DATA
TEST METHOD: [ ] Bailer [ ] Pump [ ] Air Lift

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

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)

Perforations:
Type perforation
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

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

Gravel Packed: [ ] Yes [X] No
From ____ feet to ____ feet

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 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 7/14/2004

USE ADDITIONAL SHEETS IF NECESSARY