

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

OFFICE USE ONLY
 Log No. 95147
 Permit No. _____
 Basin 045
 NOTICE OF INTENT NO. **54419**

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

1. OWNER **WILL KOLBE**
 MAILING ADDRESS **P.O. BOX 66**
GENOA, NV 89411

ADDRESS AT WELL LOCATION **LAMOILLE, NV**

2. LOCATION NE 1/4 NE 1/4 Sec. 32 T 33N
 PERMIT NO. 007-080-110
Issued by Water Resources Parcel No.

N/S R 58E E ELKO County
TRACT OF LAND
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	3	3
BOULDERS		3	8	5
GRAY GRANITE		8	40	32
LARGE GRAVEL & CLAY	100	40	120	80
	115			

8. WELL CONSTRUCTION
 Depth Drilled 120 Feet Depth Cased 120 Feet
HOLE DIAMETER (BIT SIZE)
10 5/8 Inches From 0 Feet To 120 Feet
 Inches Feet Feet Feet
 Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13	.188	+1	120

Perforations:
 Type perforation **MILLSLOT**
 Size perforation **3/16 X 3**
 From 100 feet to 120 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 120 feet

9. WATER LEVEL
 Static water level 70 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 **6/10/2004**

Date started 6/7/2004, 19
 Date completed 6/8/2004, 19

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
	<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
	<u>30</u>		<u>5</u>

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