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OFFICE USE ONLY

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

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

Log No.

Permit No.

Basin

045

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. 54616

1. OWNER **REX STENINGER**  
MAILING ADDRESS **229 PINE STREET**  
**ELKO, NV 89801**

ADDRESS AT WELL LOCATION **HOB TOMMY ROAD - 1 MILE NORTH**

2. LOCATION **NW** 1/4 **SE** 1/4 Sec. **11** T **33N**  
PERMIT NO. **66892** Issued by Water Resources  
**006-520-050** Parcel No.

N/S R **57E** E **ELKO** County  
**SPECIAL LAND** Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other **TESTING**

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
BLACK TOPSOIL		0	2	2
SAND & GRAVEL		2	120	118
FIRM SAND STONE		120	220	100
SANDSTONE & CLAY		220	260	40

SET AND PULLED 50' OF 10 5/8" SURFACE CASING  
35 BAGS OF ABANDONITE  
8 BAGS OF CEMENT

8. WELL CONSTRUCTION

Depth Drilled **260** Feet Depth Cased **0** Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
10 5/8 Inches	0	100	Feet
7 7/8 Inches	100	260	Feet

CASING SCHEDULE

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

Perforations:  
Type perforation **NONE**  
Size perforation **NONE**

From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No  
Depth of Seal **260**  
Placement Method:  Pumped  Poured

Gravel Packed: Yes  No   
From **N/A** feet to **N/A** feet

Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout

9. WATER LEVEL  
Static water level **25** feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **2/17/2005** 19  
Date completed **2/25/2005** 19

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift  
G.P.M. **150** Draw Down (Feet Below Static) **3 HRS** Time (Hours)

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. **1998**

Signed *Bradley A. Wiesel*  
By driller performing actual drilling on-site or contractor  
Date **3/7/2005**