

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

OFFICE USE ONLY
 Log No. 99820
 Permit No. _____
 Basin 849

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. **57273**

1. OWNER **PETER JONES** ADDRESS AT WELL LOCATION **1350 ROCKLAND DRIVE**
 MAILING ADDRESS **3121 SCENIC VIEW DRIVE**
ELKO, NV 89801

2. LOCATION **NW 1/4 NE 1/4 Sec. 7 T 34N** N/S R **55E E** **ELKO** County
 PERMIT NO. **006-09B-058** **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
TOP SOIL		0	4	
CLAY & GRAVEL		4	8	4
CLAY & BOULDERS		8	25	17
CLAY & COURSE GRAVEL		25	50	25
MED. SANDSTONE		50	65	15
CLAY & SOFT SANDSTONEW/SOME GRAVEL		65	70	5
COARSE GRAVEL		70	120	50
COARSE GRAVEL W/CLAY		120	170	50
CLAY		170	190	20
FINE GRAVEL		190	210	20
MED. HARD SANDSTONE		210	230	20
SOFT SANDSTONE W/CLAY & FINE GRAVEL		230	295	65
MED. SANDSTONE, GRAVEL W/CLAY		295	330	35
CLAY & SANDSTONE		330	350	20
SOFT SANDSTONE & FINE GRAVEL		350	360	10
GRAY CLAY, SOME GRAVEL		360	400	40
GRAVEL		400	480	80
GRAVEL	X	480	515	35

Pour 22 bags of 3/8" medium chip bentonite from 10' down to 50', neat cement from 0' to 10'

8. WELL CONSTRUCTION
 Depth Drilled **515** Feet Depth Cased **515** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10-5/8** Inches **0** Feet **515** Feet
 To _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6-5/8	13	.188	+2	515

Perforations:
 Type perforation **SLOTS**
 Size perforation **3/16x3 6 ROW**
 From _____ **475** feet to _____ **515** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal **50** Pumped Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From **50** feet to **515** feet

9. WATER LEVEL
 Static water level **372** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

Date started **3/6/2006** 19____
 Date completed **3/10/2006** 19____

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.			
Draw Down (Feet Below Static)			
Time (Hours)			
50			2

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 **1166**
 Signed *Daniel Vidon*
 By driller performing actual drilling on-site or contractor
 Date **3/15/06**