

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. **56487**

1. OWNER **DANIAL G BEITIA JR.**
 MAILING ADDRESS **1250 HANNAH DRIVE**
ELKO, NV 89801

ADDRESS AT WELL LOCATION **1546 RIO DRIVE**

2. LOCATION **SW** 1/4 **NE** 1/4 Sec. **01** T **34N** N/S R **54E** E **ELKO** County
 PERMIT NO. **005-51D-063** Parcel No. **ADOBE HEIGHTS** 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	1	1
PEBBLE CONGLOMERATE		1	10	9
TAN CLAY		10	45	35
GRAY CLAY		45	70	25
TAN CLAY W/ GRAVEL		70	92	22
GRAY CLAY		92	130	38
GRAY VOLC TUFF		130	300	170
GRAY SHALE		300	362	62
GRAY CLAY		362	395	33
GRAY SHALE	XX	395	500	105
GRAY TUFF		500	520	20
TAN SHALE	XXX	520	540	20
GRAY CLAY TUFF		540	563	23

USED 50 - 50lbs BAGS OF 3/8" BENTONITE CHIP AND CEMENTED THE TOP 20' OF THE CASING IN WITH NEAT CEMENT

8. WELL CONSTRUCTION
 Depth Drilled **563** Feet Depth Cased **563** Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 5/8 Inches **0** Feet **563** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

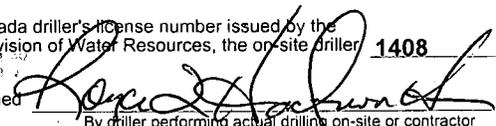
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	13	.188	+1	563

Perforations:
 Type perforation **MACHINE MILL SLOT**
 Size perforation **3/16 X 3, 6 ROW**
 From **443** feet to **463** feet
 From **483** feet to **503** feet
 From **523** feet to **543** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **100** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **100** feet to **563** feet

9. WATER LEVEL
 Static water level **278** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COLD** °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 **1408**
 Signed 
 By driller performing actual drilling on-site or contractor
 Date **12/13/2005**

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
15		8 HRS	