

WELL DRILLER'S REPORT

Log No. _____
 Permit No. _____
 Basin 046

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. **57589**

1. OWNER **RAY CORTA** ADDRESS AT WELL LOCATION **TWIN BRIDGES, WGS-84, UTM 11T 0607712 4497510**
 MAILING ADDRESS **HC 30 BOX 151 SPRING CREEK, NV 89815**
 2. LOCATION **NW 1/4 NE 1/4 Sec. 36 T 32N N/S R 55E E ELKO** County
 PERMIT NO. **006-070-006** Parcel No. **PARCEL OF LAND** Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Deepen
 Abandon Other
 4. PROPOSED USE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
GRAY CLAY & GRAVEL		120	190	
GRAVEL	XX	190	220	30

40-621494 ON
 115-725631 AW
 NAD27 CONUS

8. WELL CONSTRUCTION
 Depth Drilled **220** Feet Depth Cased **220** Feet
 HOLE DIAMETER (BIT SIZE)
 From **6.25** Inches To **120** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
5.5	15.5	.275	40	220

Perforations:
 Type perforation **SLOTS**
 Size perforation **3/16x3 6 ROWS**
 From **180** feet to **200** feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: _____
 Depth of Seal _____ Neat Cement _____
 Placement Method: Pumped _____ Cement Grout _____
 Poured _____ Concrete Grout _____
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **15** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

Date started **9/8/2006**, 19____
 Date completed **9/13/2006**, 19____

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Time (Hours)	Draw Down (Feet Below Static)		
25	21		

STATE CONTRACTORS OFFICE
 2006 OCT 11 AM 11:41
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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 *Dale C. Veden*
 By driller performing actual drilling on-site or contractor
 Date **9/19/2006**