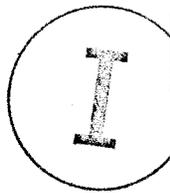


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY
Log No. 102193
Permit No. _____
Basin 048

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. 59012

1. OWNER B&B INVESTMENTS
MAILING ADDRESS P. O. BOX 1900, ELKO, NV 89803

ADDRESS AT WELL LOCATION NE CORNER OF CHUCKER & BRADLEY

2. LOCATION SW ¼ SE ¼ Sec 23 T 32N N/S R 55 E
PERMIT/WAIVER No. 027-050-005
Issued by Water Resources Parcel No. _____

Subdivision Name: LUCKY NUGGET #1 County: ELKO
Latitude _____ UTM E 11T0605966 NAD 27
Longitude _____ N 4499500 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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	15	15
COARSE GRAVEL		15	45	30
GRAVEL/ SOME CLAY		45	55	10
GRAY CLAY w/ SOME GRAVEL		55	165	110
FINE GRAVEL	X	165	200	35
TAN CLAY & GRAVEL		200	205	5
GRAVEL	XX	205	235	30
40.639644 N 115.745934 W NAD27				

9. WELL CONSTRUCTION				
Depth Drilled	235	Feet	Depth Cased	235
HOLE DIAMETER (BIT SIZE)				
From		To		
10 5/8	Inches	0	Feet	235
	Inches		Feet	
	Inches		Feet	
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13.	.188	+2	235

Perforations:
Type of perforation MACHINE MILL SLOT
Size of perforation 3/16" X 3", 6 ROW
From 195 feet to 235 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 10 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 50 to 235 Pumped Poured
Type: 3/8" WASHED PEA GRAVEL

Bentonite Chips: Yes No 10 to 50 Pumped Poured
Type: 3/8" MEDIUM CHIP

Date started: 4-Oct , 20 06
Date completed: 6-Oct , 20 06

7. Water Level
Static water level: 133 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA			
TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>25</u>		<u>2</u>

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. Veder
By driller performing actual drilling on site or contractor
Date 12-Oct-06