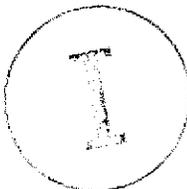


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY
Log No. 102574
Permit No. _____
Basin B42

FINALIZED
MM

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. 58908

1. OWNER Dan Morgan
MAILING ADDRESS P.O. Box 795
Wells, NV 89835

ADDRESS AT WELL LOCATION Angle Lake Road
Subdivision Name: _____ County: Elko

2. LOCATION SE 1/4 SW 1/4 Sec 8 T 37N N/S R 62 E
PERMIT/WAIVER No. 008-340-032
Parcel No. _____

Latitude 41.10064 UTM E NAD 27
Longitude 114.99473 N NAD 83/WGS 84
41.100718° N, 114.993850° W NAD 27 (2)

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
White sandstone		0	11	11
Light tan clay		11	83	72
Hard rock		83	84	1
Light tan clay		84	151	67
Sandstone		151	185	34
Light Brown clay		185	206	21
Fractured Cemented Gravel	X	206	220	14
<i># See Plugging Log #110155</i>				
<i>* See Replacement Log #110414</i>				
<i>41.100, 1034° N NAD 27</i>				
<i>114.993, 842° W</i>				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
220		220	

HOLE DIAMETER (BIT SIZE)

From	To	From	To
10	0	220	220

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	12.92	188	+1	19
6		SDR-17	19	220

Perforations:

Type of perforation Screen
Size of perforation 0.032

From 200 feet to 220 feet
From _____ feet to _____ feet

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	0 to 19	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> ≥30% Bentonite Grout	19 to 55	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured

Gravel Pack: Yes No 55 to 220 Pumped Poured
Type: 3/8 PEA GRAVE

Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

7. Water Level
Static water level: 150 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: Cold °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
APPROX	15		7.5

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name SHAREL C. FERTIG SR. dba FERTIG DRILLING COMPANY
Contractor

Address P.O. BOX 525
Contractor

ELKO, NV 89803

Nevada contractor's license number issued by the State Contractor's Board 031904

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1584

Signed [Signature]
By driller performing actual drilling on site or contractor

Date 11-2-06

(Rev. 05-02)

USE ADDITIONAL SHEETS IF NECESSARY