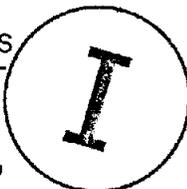


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY
Log No. 103656
Permit No. _____
Basin 844

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. 59695
~~59695~~

1. OWNER CAL WORTINGTON
MAILING ADDRESS 1624 SANTA CLARA DRIVE - SUITE 130
ROSEVILLE, CA 95661-3557

ADDRESS AT WELL LOCATION PX RANCH
Subdivision Name: PARCEL OF LAND County: ELKO

2. LOCATION SE 1/4 NW 1/4 Sec 22 T 42N N/S R 54 E
PERMIT/WAIVER No. W-602/ 005-590-006
Issued by Water Resources 75468 Parcel No. _____

Latitude 41.521230 UTM E 11T 0593457 NAD 27
Longitude 115.879929 N 4597014 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other EXPLORATORY

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 |
| TOP SOIL | | 0 | 3 | 3 |
| BOULDERS & GRAVEL | 6 | 3 | 20 | 17 |
| CLAY & GRAVEL | | 20 | 40 | 20 |
| GRAVEL | 45 | 40 | 50 | 10 |
| CLAY & GRAVEL | | 50 | 170 | 120 |
| GRAVEL | 175 | 170 | 180 | 10 |
| CLAY & GRAVEL | | 180 | 194 | 14 |
| GRAVEL | 196 | 194 | 200 | 6 |
| CLAY & GRAVEL | | 200 | 210 | 10 |
| GRAVEL | 215 | 210 | 220 | 10 |
| CLAY & GRAVEL | | 220 | 225 | 5 |
| GRAVEL | 230 | 225 | 235 | 10 |
| CLAY & GRAVEL | | 235 | 245 | 10 |
| GRAVEL | | 245 | 250 | 5 |
| CLAY & GRAVEL | | 250 | 260 | 10 |
| GRAVEL | 265 | 260 | 270 | 10 |
| CLAY & GRAVEL | | 270 | 275 | 5 |
| GRAVEL | 285 | 275 | 300 | 25 |
| PLUG HOLE | | | | |
| CAPACITY OF HOLE 3.9786 | | | | |
| 300' X 3.9786 = 1195.8 GAL | | | | |
| PUMPED 2500 GALLONS | | | | |
| 62 bags of abandonite | | | | |
| pumped 15 bags of cement | | | | |

9. WELL CONSTRUCTION
Depth Drilled 300 Feet Depth Cased 0 Feet
HOLE DIAMETER (BIT SIZE)
From 9 7/8 Inches To 0 Feet 300 Feet
Inches Feet Feet
Inches Feet Feet

| CASING SCHEDULE | | | | |
|--------------------|---------------------|-------------------------|-------------|-----------|
| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
| NONE | | | | |
| | | | | |
| | | | | |

Perforations:
Type of perforation N/A
Size of perforation N/A
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 20 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No _____ to _____ Pumped Poured
Type: N/A
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 10-May , 20 07
Date completed: 16-May , 20 07

7. Water Level
Static water level: 65 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>450+</u> | | <u>1</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 1689

Signed Dani
Driller performing actual drilling on site or contractor
Date 5/21/2007