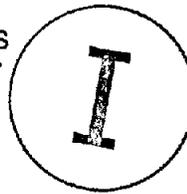


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY
Log No. 103809
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

1. OWNER CAL WORTINGTON ADDRESS AT WELL LOCATION PX RANCH
MAILING ADDRESS 1624 SANTA CLARA DRIVE - SUITE 130
ROSEVILLE, CA 95661-3557 Subdivision Name: PARCEL OF LAND County: ELKO

2. LOCATION SE 1/4 NW 1/4 Sec 22 T 42N N/S R 54 E Latitude 41.521236 UTM E 11T 0593457 NAD 27
PERMIT/WAIVER No. W-602/ 005-590-006 Longitude 115.879924 N 4597014 NAD 83/WGS 84

Issued by Water Resources 75408 Parcel No. _____

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	To
<u>9 7/8</u> Inches	<u>0</u> Feet <u>300</u> 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

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>

STATE ENGINEERS OFFICE
2007 MAY 24 AM 11:32

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