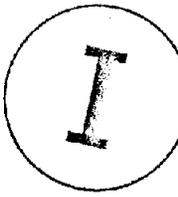


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY

Log No. 103810
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. 59696

1. OWNER CAL WORTHINGTON 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 SW 1/4 NE 1/4 Sec 1 T 41N N/S R 54 E Latitude 41.980767 UTM E 11T 0597170 NAD 27
PERMIT/WAIVER No. W-603/9548 005-580-013 Longitude 115.836154 N 4592570 NAD 83/WGS 84
Issued by Water Resources 75469 Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other EXPLORATORY

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock Construction

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOP SOIL		0	2	2
CLAY		2	6	4
SAND & GRAVEL		6	40	34
GRAVEL & SOME SAND	45	40	50	10
SILTSTONE & GRAVEL MIX		50	160	110
GRAVEL & SOME SAND	170	160	180	20
GRAVEL & CLAY		180	200	20
GRAVEL, 3/4-	240	200	250	50
LARGE GRAVEL	260	250	270	20
SAND & GRAVEL		270	280	10
LARGE GRAVEL	290	280	300	20
PLUGGED HOLE				
CAPACITY OF HOLE 3.9786 gal				
300' x 3.9786 = 1195.8 gallons				
PUMPED 2396 gallons of fluid				
60 BAGS OF ABANDONITE				
PUMPED 15 bags of cement on top				

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 to <u>300</u> Feet
_____ Inches	_____ Feet to _____ Feet
_____ Inches	_____ Feet to _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>NONE</u>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: _____

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

Date started: 16-May . 20 07
Date completed: 17-May . 20 07

7. Water Level
Static water level: 50 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cold °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>1000+</u>		<u>1</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

STATE ENGINEERING 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

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY