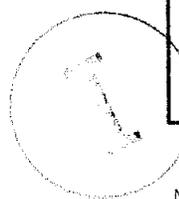


**STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT**



OFFICE USE ONLY Log No. 105590

Permit No. _____
Basin 070

**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. 58914

1. OWNER Dick Scott
MAILING ADDRESS 2091 Last Chance Road
Elko, NV89801

ADDRESS AT WELL LOCATION 673 Scott Rd
Ryndon
Subdivision Name: _____ County: Elko

2. LOCATION NE 1/4 SW 1/4 Sec 8 T 35N N/S R 57 E
PERMIT/WAIVER No. 006-540-007
Issued by Water Resources 006-540-007 Parcel No. _____

Latitude 40.94663 UTME NAD 27
Longitude 115.59465 N 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
Sand & Gravel		0	12	12
Clay		12	14	2
Sandstone		14	124	110
Fractured Sandstone	X	124	125	1
Cemented Sand & Gravel		125	167	42
Clay		167	169	2
Sand & Gravel	X	169	200	31
<u>N 40.94663</u>				
<u>W 115.59465</u>				
<u>01:10</u>				
<u>2006-10-19-8 PM 1:10</u>				
<u>006-540-007</u>				

9. WELL CONSTRUCTION				
Depth Drilled	200	Feet	Depth Cased	200
HOLE DIAMETER (BIT SIZE)				
	From	To		
10	0	200	Feet	Feet
			Feet	Feet
			Feet	Feet

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	200

Perforations:
Type of perforation Screen
Size of perforation 0.032
From 160 feet to 180 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 19 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout 19 to 100 Pumped Poured

Gravel Pack: Yes No 100 to 200 Pumped Poured
Type: 3/8 PEA GRAVE
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 19-Oct, 20 06
Date completed: 25-Oct, 20 06

7. Water Level
Static water level: 8 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"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
APPROX	70		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 Sharel C. Fertig
By driller performing actual drilling on site or contractor
Date 11-2-06