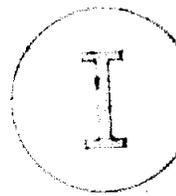


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY

Log No. 106481

Permit No. _____

Basin 047

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. 62129

1. OWNER RAY CORTA
MAILING ADDRESS HC 30 BOX 151
SPRING CREEK, NV 89815

ADDRESS AT WELL LOCATION TWIN BRIDGES GRAVEL PIT
ON HUNTINGTON CREEK
Subdivision Name: RURAL LAND County: ELKO

2. LOCATION SW ¼ NE ¼ Sec 36 T 32N N/S R 55 E
PERMIT/WAIVER No. 75354 Parcel No. 006-070-006

Latitude N 40.61702 UTM E NAD 83
Longitude W 115.72616 N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
GRAVEL		0	3	3
BLACK CLAY		3	30	27
BLUE CLAY		30	50	20
BROWN CLAY		50	350	300
DRY HOLE FILLED HOLE WITH GRAVEL - PUT 20' NEAT CEMENT FROM 20' TO 0'				
THIS HOLE WAS PLUGGED				

9. WELL CONSTRUCTION				
Depth Drilled	Feet	Depth Cased	Feet	
350		350		
HOLE DIAMETER (BIT SIZE)				
12 3/4	Inches	0	Feet	350
	Inches		Feet	
	Inches		Feet	

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type of perforation _____
Size of perforation _____

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: 25-Mar, 2008
Date completed: 27-Mar, 2008

7. Water Level
Static water level: dry 0 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			
AIR LIFT	DRY		

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

Date 4/10/2008