

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

Log No. _____
 Permit No. _____
 Basin: **440**

NOTICE OF INTENT NO. **02063**

1. OWNER: **Spirit Minerals Timothy Master**
 MAILING ADDRESS: **PO Box 900 Wells NV 89835**
 2. LOCATION: **1/4 SE 1/4 Sec 9 T 42 N 62 E ELKO Co**
 PERMIT NO. **NEV 2007103** Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon 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	Thickness
Brown/Dark Gray Alluvium + Chert		0	14	14
Black Argillite + Shale		14	27	13
Gray Shale + Chert		27	52	25
Black + gray Shale + Sandstone		52	125	73
Black + Gray Shale + argillite		125	145	20
Black + gray Shale		145	240	95

6 5/8 casing has Neat Cement to 18'
 4 1/2 casing has bentonite chips to 68 Feet
 N° - 15007564.92 Nad 83
 E° - 276744.33 UTM Ft
 Elevation 7495 FT
 41.538797° N, 114.954217° W

Date started: **October 15**, 20**08**
 Date completed: **October 16**, 20**08**

8. WELL CONSTRUCTION
 Depth Drilled: **240** Feet Depth Cased: **240** Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 20 Feet
 9 7/8 Inches
 From 20 Feet To 240 Feet
 6 1/2 Inches
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13#	.188	+2	18
4 1/2	PVC	Sched 40	+1	240

Perforations:
 Type perforation: **Machined**
 Size perforation: **32 PVC screw**
 From 30 feet to 120 feet
 From 180 feet to 240 feet
 Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal: **68**
 Placement Method: Pumped Poured **Bentonite Chips**
 Gravel Packed: Yes No
 From 240 feet to 68 feet

9. WATER LEVEL
 Static water level: **127** feet below land surface
 Artesian flow: _____ G.P.M. _____ P.S.I.
 Water temperature: **cool** °F Quality: **clear**

7. WELL TEST DATA
 TEST METHOD: Bailor Pump Air Lift
 G.P.M.: **30** Draw Down (ft) Below Static: **11** Time (Hours): **4**
 RECEIVED

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name: **Leach Drilling Inc.** Contractor
 Address: **PO Box 399 Silver Springs, NV 89429** Contractor
 Nevada contractor's license number issued by the State Contractor's Board: **31841**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: **2346**
 Signed: **A.B. Hooper**
 By driller performing actual drilling on site or contractor
 Date: **11-7-08**