

OFFICE USE ONLY
 Log No. 90521
 Permit No. _____
 Basin. _____

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

NOTICE OF INTENT NO. 42207

1. OWNER Jim Gordon ADDRESS AT WELL LOCATION Lot 7 VALMY NV
 MAILING ADDRESS P.O. Box 116
Valmy NV 89438
 2. LOCATION NE 1/4 SW 1/4 Sec. 27 T. 34 N/S R. 43 E County _____
 PERMIT NO. 007571-07 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	Thick-ness
Top Soil		0	1	1
Brs Gravels		1	50	49
Gravelly clays		50	65	15
1/2 Gravels brn	160	65	300	235
3/4 Gravels		300	325	25
Sandy Gravel		325	350	25'

8. WELL CONSTRUCTION
 Depth Drilled 400 Feet Depth Cased 350 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 3/4 Inches 0 Feet 350 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	19	1/8	0	350

Perforations:
 Type perforation mill slot
 Size perforation 1/25 x 5
 From 200 feet to 350 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50' feet to 350 feet

9. WATER LEVEL
 Static water level 161 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 54 °F Quality Good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name HARDROCK Exploration INC. Contractor
 Address 1000 Barrington Ave Contractor
Elko NV 89801
 Nevada contractor's license number issued by the State Contractor's Board 0046949
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1670
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 11-20-02

Date started 11-12 2002
 Date completed 11-14 2002

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>115</u>	<u>16</u>	<u>3 hr</u>	

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 STATE ENGINEERS OFFICE