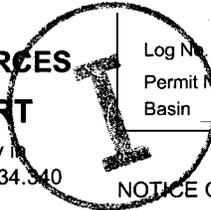


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY
 Log No. **91855**

Permit No. _____
 Basin **045**

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. **49027**

1. OWNER **DUILIO BOTTARI**
 MAILING ADDRESS **P.O. BOX 28-1234**
LAMOILLE, NV 89828

ADDRESS AT WELL LOCATION **NEAR LAMOILLE, NV**

2. LOCATION **SE** 1/4 **SE** 1/4 Sec. **1** T **33N**
 PERMIT NO. **69374** Issued by Water Resources
006-520-003 Parcel No.

N/S R **57E** E **ELKO** County
TRACT OF LAND Subdivision Name

3. WORK PERFORMED
 New Well
 Deepen
 Replace
 Abandon
 Recondition
 Other

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

5. WELL TYPE
 Cable
 Rotary
 RVC
 Air
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
TOPSOIL		0	3	3
SAND		3	8	5
CLAY		8	25	17
SILTSTONE		25	75	50
GRAVEL & BOULDERS		75	80	5
SILTSTONE & SMALL GRAVEL	100	80	145	65
		135	145	

SEALED WITH 24 BAGS OF 3/8 HOLE PLUG AND 3 BAGS OF CEMENT

8. WELL CONSTRUCTION

Depth Drilled **145** Feet Depth Cased **145** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
10 5/8 Inches	0	145
_____ Inches	_____	_____
_____ Inches	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13	.188	+1	145
_____	_____	_____	_____	_____

Perforations:
 Type perforation **MILLSLOT**
 Size perforation **3/16 X 3**
 From **125** feet to **145** feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal **50**
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From **50** feet to **145** feet

Date started **8/8/2003**, 19____
 Date completed **8/11/2003**, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
70		2
_____	_____	_____

9. WATER LEVEL
 Static water level **79** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **C** °F Quality _____

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 Deane*
 By driller performing actual drilling on-site or contractor

Date **8/13/2003**

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