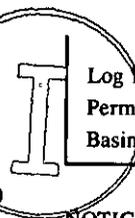


Log No. 92897
 Permit No. _____
 Basin 50

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 534.540



NOTICE OF INTENT NO. 47402

1. OWNER State of Nev. Public Works Board ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 505 E. King St. Room 301 Carlin Nevada
Carlin City Nev 89701

2. LOCATION NW 1/4 SW 1/4 Sec 24 T 33 N/S R 52 E County Elko

PERMIT NO. _____ 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
<u>Abandon 2-#1</u>				
<u>Monitor Well</u>				
<u>Well #1</u>				
<u>40' Hole Day</u>				
<u>8SK Cement</u>				
<u>3SK Sand</u>				
<u>2SK Abandon</u>				
<u>Well #2</u>				
<u>40' - Hole Day</u>				
<u>8SK Cement</u>				
<u>3SK Sand</u>				
<u>2SK Abandon</u>				
<u>Bath Hole</u>				
<u>Cemented From</u>				
<u>Bottom to Surface</u>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From _____ To _____

_____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

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

Perforations:
 Type perforation _____
 Size perforation _____

From _____ feet to _____ 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 _____ feet to _____ feet

9. WATER LEVEL

Static water level Dry _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 2-19-04
 Date completed 2-19-04

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Stretch's Exploration Inc Contractor
 Address Box 547 Contractor
Battle Mtn NV 89820

Nevada contractor's license number issued by the State Contractor's Board 0029486
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1785

Signed Floyd Peterson
 By driller performing actual drilling on site or contractor
 Date 2-21-04