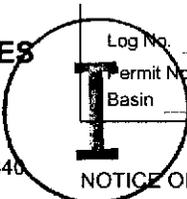


STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY



Log No. **98463**
 Permit No. **45**
 Basin

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. **52217**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **JOE SUSTACHA, JR & SONS**
 MAILING ADDRESS **P. O. BOX 281227**
LAMOILLE, NV 89828

ADDRESS AT WELL LOCATION **APPROX 3 MILES WNW OFF OF BOYD KENNEDY ROAD**

2. LOCATION **SW 1/4 NE 1/4 Sec. 3 T 34N**
 PERMIT NO. **NW 71445T/72094** Issued by Water Resources
006-310-009 Parcel No.

N/S R **56E** E **ELKO** County
PARCEL OF LAND Subdivision Name

2/9/09

3. WORK PERFORMED

New Well
 Deepen
 Replace
 Abandon
 Recondition
 Other

4. PROPOSED USE

Domestic
 Municipal/Industrial
 Irrigation
 Monitor

5. WELL TYPE

Rotary
 Cable
 X Air
 X Stock
 RVC
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TOPSOIL		0	3	3
BROWN CLAY W/SOME ROCK		3	30	27
GRAY LIMESTONE, HARD	65	30	105	75
RED VOLCANIC	X	105	135	30
GRAY LIMESTONE		135	170	35
RED VOLCANIC	XXX	170	210	40
GRAY SHALE W/CLAY		210	220	10

2" PORT WELDED ONTO THE CASING WITH A 2" THREADED CAP

Deepened under NO2 62536

*N 40.866259
 W 115.648918 NAD27*

8. WELL CONSTRUCTION

Depth Drilled **220** Feet
 Depth Cased **220** Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
10 5/8 Inches	0	220	Feet
Inches			Feet
Inches			Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	13	.188	+1	220

Perforations:

Type perforation	Size perforation	From	To	feet to	feet
MACHINED MILL SLOT	3/16 X 3				
		120		140	feet
		200		220	feet
					feet
					feet
					feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **100'** Neat Cement
 Placement Method: Pumped Poured
 Cement Grout
 Concrete Grout

Gravel Packed: Yes No
 From **100** feet to **220** feet

9. WATER LEVEL

Static water level **74** feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature **COLD** °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 **1998**

Signed *Bradley D. Wise*
 By driller performing actual drilling on-site or contractor

Date **9/14/2004**

Date started **9/11/2004**, 19____
 Date completed **9/14/2004**, 19____

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
60		3	