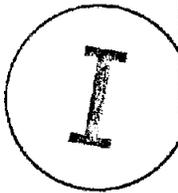


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY

Log No. 103657

Permit No. _____

Basin 274

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. 59696

1. OWNER CAL WORTHINGTON
MAILING ADDRESS 1624 SANTA CLARA DRIVE, SUITE 130
ROSEVILLE, CA 95661-3557

ADDRESS AT WELL LOCATION PX RANCH

2. LOCATION SW ¼ NE ¼ Sec 1 T 41N N/S/R 54 E
PERMIT/WAIVER No. W-603/3549 005-580-013
Issued by Water Resources 75469 Parcel No. _____

Subdivision Name: PARCEL OF LAND County: ELKO

Latitude 41.986767 UTM E 11T 0597170 NAD 27
Longitude 115.836154 N 4592570 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other EXPLORATORY

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
TOP SOIL		0	2	2
CLAY		2	6	4
SAND & GRAVEL		6	40	34
GRAVEL & SOME SAND	45	40	50	10
SILTSTONE & GRAVEL MIX		50	160	110
GRAVEL & SOME SAND	170	160	180	20
GRAVEL & CLAY		180	200	20
GRAVEL, 3/4-	240	200	250	50
LARGE GRAVEL	260	250	270	20
SAND & GRAVEL		270	280	10
LARGE GRAVEL	290	280	300	20
PLUGGED HOLE				
CAPACITY OF HOLE 3.9786 gal				
300' x 3.9786 = 1195.8 gallons				
PUMPED 2396 gallons of fluid				
60 BAGS OF ABANDONITE				
PUMPED 15 bags of cement on top				

9. WELL CONSTRUCTION					
Depth Drilled	300	Feet	Depth Cased	0	Feet
HOLE DIAMETER (BIT SIZE)					
	From	To			
<u>9 7/8</u>	Inches	<u>0</u>	Feet	<u>300</u>	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>NONE</u>				

Perforations:
Type of perforation N/A
Size of perforation N/A
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 0 to 20 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
 Gravel Pack: Yes No _____ to _____ Pumped Poured
 Type: _____
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: _____

Date started: 16-May _____, 2007
Date completed: 17-May _____, 2007

7. Water Level
Static water level: 50 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cold °F
Quality: _____

8. WELL TEST DATA		
TEST METHOD:	G.P.M.	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
	Draw Down (Feet Below Static)	
<u>1000+</u>		<u>1</u>

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 [Signature]
driller performing actual drilling on site or contractor
Date 5/21/2007

(Rev 05-06)

USE ADDITIONAL SHEETS IF NECESSARY