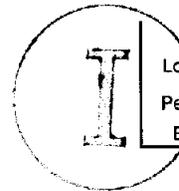


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY

Log No. 106480

Permit No. _____

Basin 047

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. 62129

1. OWNER RAY CORTA ADDRESS AT WELL LOCATION TWIN BRIDGES GRAVEL PIT
MAILING ADDRESS HC 30 BOX 151
SPRING CREEK, NV 89815 ON HUNTINGTON CREEK
Subdivision Name: RURAL LAND County: ELKO

2. LOCATION SW 1/4 NE 1/4 Sec 36 T 32N N/S R 55 E Latitude N 40.61702 UTM E NAD 87
PERMIT/WAIVER No. 75354 006-070-006 Longitude W 115.72616 N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
GRAVEL		0	3	3
BLACK CLAY		3	30	27
BLUE CLAY		30	50	20
BROWN CLAY		50	350	300
DRY HOLE FILLED HOLE WITH GRAVEL - PUT 20' NEAT CEMENT FROM 20' TO 0'				
THIS HOLE WAS PLUGGED				

9. WELL CONSTRUCTION

Depth Drilled 350 Feet Depth Cased 350 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
<u>12 3/4</u> Inches	<u>0</u> Feet	<u>350</u> Feet	

CASING SCHEDULE

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

Perforations:

Type of perforation _____
Size of perforation _____

From _____ feet to _____ feet
From _____ feet to _____ feet
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: 25-Mar , 20 08
Date completed: 27-Mar , 20 08

7. Water Level
Static water level: dry 0 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Baller Pump Air Lift

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

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]
By driller performing actual drilling on site or contractor

Date 4/10/2008