

Log No. _____
 Permit No. _____
 Basin **770**

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 534.340

NOTICE OF INTENT NO. **63631**

1. OWNER **Kas Krefters** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **5025 E. Winnemucca Ave** _____
Winnemucca NV. 89415 _____
 2. LOCATION **NW 1/4 SE 1/4 Sec. 2 T. 35 S. R. 37 E. Humboldt** County
 PERMIT NO. **76929** Issued by Water Resources Parcel No. **13-043-28** 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
Sand	NO	0	10	10
clay	NO	10	23	13
cemented rock	NO	23	60	37
sand & gravel	yes	60	147	87
clay	yes	147	150	3

~~UTL 043406~~
~~UTM N 4531806~~
~~N 110 27~~
 40.936328° N
 117.783004° W
 N 110 27 (12)

8. WELL CONSTRUCTION
 Depth Drilled **150** Feet Depth Cased **150** Feet

HOLE DIAMETER (BIT SIZE)
 From **0** To **150**
10 7/8 Inches _____ Feet _____
 _____ Inches _____ Feet _____
 _____ Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 7/8	Steel	1.88	0	10
6 7/8	PVC	Sched 40	10	150

Perforations:
 Type perforation **Hand cut slot**
 Size perforation **1.125**
 From **100** feet to **150** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50'** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **50** feet to **150** feet

Date started **4-10**, 20**09**
 Date completed **4-13**, 20**09**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
0.0	NA	4

2009 APR 30 AM 11:33
 RECEIVED

9. WATER LEVEL
 Static water level **60** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **cool** °F Quality **clear**

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Firstgold Corp.** Contractor
 Address **P.O. Box 6** Contractor
Love Lake NV. 89419
 Nevada contractor's license number **0071020**
 issued by the State Contractor's Board
 Nevada driller's license number issued by the **730**
 Division of Water Resources, the on-site driller
 Signed **Handy Monty**
 By driller performing actual drilling on site or contractor
 Date **4-27-09**