

OFFICE USE ONLY
 Log No. 88647
 Permit No. 049
 Basin 47406
47806

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. 47406

1. OWNER Elko Federal Credit Union ADDRESS AT WELL LOCATION 1211 Idaho St
 MAILING ADDRESS 2397 Mountain City Hwy Elko NV 89801

2. LOCATION NE 1/4 NE 1/4 Sec. 15 T. 34N N/S R. 55 E. Elko County

PERMIT NO. 01-73190-03 Issued by Water Resources Parcel No. 001-29-1008 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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Clay</u>		<u>0</u>	<u>46</u>	<u>46</u>
<u>Clay & large gravel</u>		<u>40</u>	<u>60</u>	<u>20</u>
<u>Gravel</u>		<u>40</u>	<u>40</u>	<u>0</u>
<u>Clay</u>		<u>40</u>	<u>55</u>	<u>15</u>
<u>Sand</u>				

Blow K
 Sand
 11:58
 OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 60 Feet Depth Cased 60 Feet

HOLE DIAMETER (BIT SIZE)
 From To
8 Inches 0 Feet 60 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>	<u>Sch 40</u>	<u>PVC</u>	<u>0</u>	<u>60</u>

Perforations:
 Type perforation Slotted
 Size perforation 0.20
 From 35 feet to 60 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 31' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 30 feet to 60 feet

Date started 1-20, 2003
 Date completed 1-20, 2003

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>Bailed</u>	<u>15 gals</u>	<u>from well</u>	

9. WATER LEVEL
 Static water level 45 feet below land surface
 Artesian flow No 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 Stretch's Exploration, Inc Contractor
 Address P.O. Box 547 Contractor
Battle Mt 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 1-20-2003