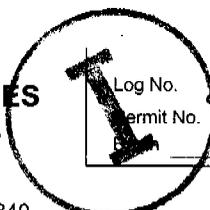


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



OFFICE USE ONLY

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. **50045**

1. OWNER **KARL LIND / THOMPSON CREEK RANCH**
 MAILING ADDRESS **3920 SOUTH 1100 EAST**
SALT LAKE CITY, UT 84124

ADDRESS AT WELL LOCATION **RUBY VALLEY, NV**

2. LOCATION **SW 1/4 SW 1/4 Sec. 15 T 31N**
 PERMIT NO. **007-280-019**
Issued by Water Resources Parcel No.

N/S R **59E E** County **ELKO**
TRACT OF LAND
Subdivision Name

3. **WORK PERFORMED**

New Well Replace Recondition Other
 Deepen Abandon

4. **PROPOSED USE**

Domestic Irrigation Test Stock
 Municipal/Industrial Monitor

5. **WELL TYPE**

Rotary Cable Other
 Air

6. **LITHOLOGIC LOG**

Material	Water Strata	From	To	Thick-ness
TOPSOIL		0	1	1
BOULDERS, SAND & GRAVEL	105	1	120	119

8. **WELL CONSTRUCTION**

Depth Drilled **120** Feet Depth Cased **120** Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
10 5/8 Inches	0	120	Feet
Inches			Feet
Inches			Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	13	.188	+1	120

Perforations:

Type perforation **MILLSLOT**

Size perforation **3/16 X 3**

From 100	feet to 120	feet
From	feet to	feet

Surface Seal: Yes No

Seal Type:

Depth of Seal **100**

Neat Cement

Placement Method: Pumped

Cement Grout

Poured

Concrete Grout

Gravel Packed: Yes No

From **100** feet to **120** feet

9. **WATER LEVEL**

Static water level **42** feet below land surface

Artesian flow _____ G.P.M. _____ P.S.I.

Water temperature **C** °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 **1689**

Signed

[Signature]
 By driller performing actual drilling on-site or contractor

Date **4/15/2003**

7. **WELL TEST DATA**

TEST METHOD: Bailor Pump Air Lift
 Draw Down (Feet Below Static) _____ Time (Hours) _____
 G.P.M. _____

70 **3**

4/15/2003
 STATE ENGINEERING OFFICE