

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 99485
 Permit No. _____
 Basin 048

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. **57280**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **JERRY KIZZIAR**
 MAILING ADDRESS **200 SYCAMORE DRIVE**
CHICO, CA 95973

ADDRESS AT WELL LOCATION **1059 TOBIANO ROAD, BLOCK A, LOT 13**

2. LOCATION **MW** 1/4 **SW** 1/4 Sec. **23** T **33N** N/S R **56E** E **ELKO** County
 PERMIT NO. **079-001-013** **RUBY MOUNTAIN ESTATES** Subdivision Name
Issued by Water Resources Parcel No.

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 |
|---------------------------|--------------|------|-----|------------|
| TOP SOIL | | 0 | 4 | 4 |
| SAND & GRAVEL | | 4 | 30 | 26 |
| TAN CLAY | | 30 | 60 | 30 |
| COARSE SAND | X | 60 | 80 | 20 |
| CLAY | | 80 | 110 | 30 |
| COARSE SAND & FINE GRAVEL | XX | 110 | 140 | 30 |

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet

HOLE DIAMETER (BIT SIZE)
 From **10-5/8** Inches To **0** Feet **140** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| 6-5/8 | 13 | .188 | +2.5 | 140 |

Perforations:
 Type perforation **SLOTS**
 Size perforation **3/16x3 6 ROW**

From **120** feet to **140** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal **100** Cement Grout
 Placement Method: Pumped Poured Concrete Grout

Gravel Packed: Yes No
 From **100** feet to **140** feet

9. WATER LEVEL
 Static water level **37** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COLD** °F Quality **GOOD**

Date started **4/3/2006**, 19____
 Date completed **4/11/2006**, 19____

7. WELL TEST DATA

| TEST METHOD: | Draw Down (Feet Below Static) | Time (Hours) |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift G.P.M. 20 | | 1.5 |

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 **1166**

Signed *Walter C. Vaden*
 By driller performing actual drilling on-site or contractor
 Date **4/12/2006**