

003618
 PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

14 WELLS

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. 30670

1. OWNER WARREN EIZMAN ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 350 FRONT ST CALIENTE NV _____
 2. LOCATION SW 1/4 NW 1/4 Sec 8 T 04 N 07 E LINCOLN County
 PERMIT NO. 308704 Issued by Water Resources Parcel No. _____ 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	Thickness
<u>REMOVED CASING FILLED FROM BOTTOM TO TOP WITH BENTONITE CURT CEMENT SEAL ON TOP</u>				
<u>MAP DATUM</u>				
<u>W11 37°36.820N 114°30.882 W</u>				
<u>W12 37°36.837N 114°30.857 W</u>				
<u>W13 37°36.845N 114°30.842 W</u>				
<u>W17 37°36.838N 114°30.838 W</u>				
<u>W18 37°36.841N 114°30.815 W</u>				
<u>W6 37°36.851N 114°30.798 W</u>				
<u>W7 37°36.851N 114°30.802 W</u>				
<u>W1 37°36.854N 114°30.811 W</u>				
<u>W8 37°36.848N 114°30.807 W</u>				
<u>W5 37°36.852N 114°30.800 W</u>				
<u>W4 37°36.860N 114°30.803 W</u>				
<u>W3 37°36.853N 114°30.821 W</u>				
<u>W4 37°36.870N 114°30.764 W</u>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	Feet
_____	_____	_____
_____	_____	_____
_____	_____	_____

CASING SCHEDULE

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

Perforations:

Type perforation _____
 Size perforation _____

From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 01/08, 2007
 Date completed 01/08, 2007

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>200</u>		

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name EMIG Drilling Services LLC Contractor
 Address 7150 PLUM ST. LAS VEGAS NV. 89119 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 51266
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2272
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date 01/11/07