

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 102973
 Permit No. _____
 Basin 162

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. **30583**

PRINT OR TYPE ONLY

1. OWNER **Antonio Molina**
 MAILING ADDRESS _____
 ADDRESS AT WELL LOCATION **4670 W. Wilson Rd.**

2. LOCATION **SE 1/4 NW 1/4 Sec 14 T 20-S N R 52 E** **Nye County**
 PERMIT NO. **41-481-27** **Golden Springs Ranchos Lot 158**

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
Surface		0	4	4
Gray Clay/Gran. Caliche		4	16	12
Brown Clay/Caliche		16	18	2
Limestone		18	34	16
Brown Clay		34	72	38
Brown Clay/Caliche		72	83	11
Brown Clay		83	98	15
Brown Clay/Caliche	X	98	200	102

Location:
 N 36° 12.772'
 W 116° 05.832'

Elevation: 2518'
 Accuracy: 17'

8. WELL CONSTRUCTION
 Depth Drilled **200** Feet Depth Cased **200** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10 Inches _____ **0** Feet **200** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

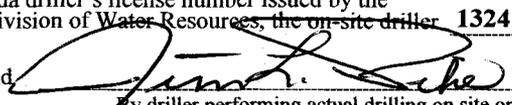
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	3.92	.28	0	200

Perforations:
 Type perforation **Saw Cut**
 Size perforation **1/4" width 8" long**
 From **160** feet to **200** 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 **200** feet

9. WATER LEVEL
 Static water level **64** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **Cold** °F Quality _____

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **JIM PIKE WELL DRILLING, LLC.**
 (CONTRACTOR)
 Address **P.O. BOX 56**
 (CONTRACTOR)
PAHRUMP, NV 89041
 Nevada contractor's license number issued by the State Contractor's Board **17563A**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1324**
 Signed 
 By driller performing actual drilling on site or contractor
 Date **June 15, 2007**