

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

OFFICE USE ONLY
 Log No. 103488
 Permit No. 53939
 Basin 162

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. **31217**

1. OWNER **ESCAPEES CO-OP** ADDRESS AT WELL LOCATION **5150 S OAKRIDGE**
 MAILING ADDRESS **5150 S OAKRIDGE**
PAHRUMP, NV

2. LOCATION **NE** 1/4 **NW** 1/4 Sec. **12** T **21S** N/S R **53E** E **NYE** County
 PERMIT NO. **53939** Issued by Water Resources Parcel No. **44-511-06** 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	Thick-ness
CLAY		0	18	18
CALICHE		18	40	22
CLAY		40	65	25
CALICHE		65	87	22
CLAY		87	116	29
CALICHE	WB	116	128	12
CLAY		128	140	12
CALICHE	WB	140	158	18
CLAY		158	185	27
CALICHE	WB	185	200	15
CLAY		200	225	25
CALICHE	WB	225	240	15
CLAY		240	260	20
CALICHE	WB	260	285	25
CLAY		285	320	35
CALICHE	WB	320	360	40
CLAY		360	400	40
WGS84				
N 36 DEGREES 08.671				
W 115 DEGREES 58.224				

8. WELL CONSTRUCTION
 Depth Drilled **400** Feet Depth Cased **400** Feet

HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **400** Feet
 From _____ Feet To _____ Feet
 From _____ Feet To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	3.63	.250	0	400

Perforations:
 Type perforation **SAWCUT**
 Size perforation **1/8 X 3**

From **240** feet to **380** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **200** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **200** feet to **400** feet

9. WATER LEVEL
 Static water level **57** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °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 **GREAT BASIN DRILLING CO. OF NEVADA, INC.** Contractor
 Address **1220 E MANSE RD** Contractor
PAHRUMP, NV. 89048
 Nevada contractor's license number issued by the State Contractor's Board **47333**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1426**
 Signed *[Signature]*
 By driller performing actual drilling on-site or contractor
 Date **8/29/2007**

Date started **8/27/2007**, 19
 Date completed **8/29/2007**, 19

7. WELL TEST DATA

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

DCNR/DWR
 RECEIVED
 AUG 31 2007
 LAS VEGAS OFFICE