

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 103489
 Permit No. 53939
 Basin 162

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. **31217A**

1. OWNER **ESCAPEES CO-OP**
 MAILING ADDRESS **5150 S OAKRIDGE**
PSHRUMP, NV

ADDRESS AT WELL LOCATION **5150 S OAKRIDGE**

2. LOCATION **NE 1/4 NW 1/4 Sec. 12 T 21S**
 PERMIT NO. **53939** Issued by Water Resources
44-511-06 Parcel No.

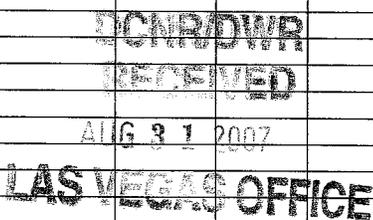
N/S R **53E** E **NYE** County
 Subdivision Name

3. WORK PERFORMED
 New Well
 Replace
 Recondition
 Deepen
 Abandon
 Other

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock

5. WELL TYPE
 Cable
 Rotary
 RVC
 Air
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
8 INCH 240' STEEL WELL EXISTING				
PREFORATE WITH HOLTZ AIR PREFORATOR FROM 240' TO 50 FT. HIT EXISTING CONCRETE SEAL @ 50FT. PUMP BENTONITE GROUT FROM 240FT TO 40FT PUMP NEAT CEMENT FROM 40FT TO SURFACE.				
WGS84 N 36 DEGREES 08.646 W 115 DEGREES 58.226				
Plugging of log # 29439				
				

8. WELL CONSTRUCTION
 Depth Drilled **EXISTING** Feet
 Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
 EXISTING Inches **0** Feet **240** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
EXISTING 8				

Perforations:
 Type perforation **HOLTZ AIR PREFORATOR**
 Size perforation _____

From **50** feet to **240** feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal _____

Placement Method: Pumped
 Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Bentonite

Date started **8/21/2007**, 19
 Date completed **8/21/2007**, 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			

9. WATER LEVEL
 Static water level _____ 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.

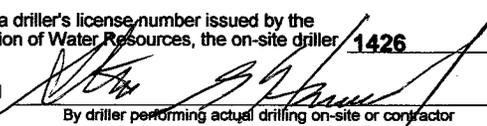
Name **GREAT BASIN DRILLING CO. OF NEVADA, INC.**
 Contractor

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 
 By driller performing actual drilling on-site or contractor

Date **8/29/2007**