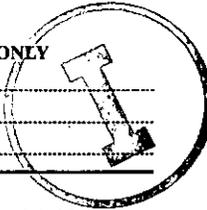


OFFICE USE ONLY
 Log No. 43296
 Permit No. _____
 Basin. 162



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. 11454

1. OWNER Ken & Terri Rowe ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____ 2281 N. Balzar St.

2. LOCATION SE 1/4 SE 1/4 Sec. 35 T 19-S N/S R. 52 E. Nye County _____
 PERMIT NO. 28-911-05 Old Spanish Trails
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 | Thick-ness |
|-------------------|--------------|------|-----|------------|
| Surface | | 0 | 4 | 4 |
| Grey clay/caliche | | 4 | 11 | 7 |
| Green clay | | 11 | 22 | 11 |
| Grey clay | | 22 | 26 | 4 |
| Green clay | | 26 | 45 | 19 |
| Brown clay/gravel | | 45 | 48 | 3 |
| Brown clay | | 48 | 59 | 11 |
| Brown clay/gravel | X | 59 | 111 | 52 |
| Gravel | X | 111 | 140 | 29 |

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

HOLE DIAMETER (BIT SIZE)
 From To
12 Inches 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) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 8 5/8 | 16.94 | .188 | 0 | 140 |

Perforations: Torch Cut
 Type perforation _____
 Size perforation 1 in. width 8 in. long
 From 100 feet to 140 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 50
 Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 50 feet to 140 feet

9. WATER LEVEL
 Static water level 47 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 Jim Pike Well Drilling Contractor 
 Address P. O. Box 56 Contractor
Pahrump, Nevada 89041
 Nevada contractor's license number issued by the State Contractor's Board 17563
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1324
 Signed Jim Pike
 By driller performing actual drilling on site or contractor
 Date October 15, 1993

Date started October 13, 1993
 Date completed October 13, 1993

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 checked="" type="checkbox"/> Air Lift | <u>20</u> | <u>4</u> | <u>1/4</u> |

RECEIVED

OCT 27 1993