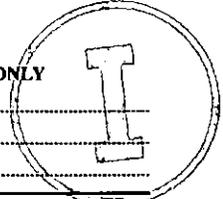


Log No. 45213
 Permit No. _____
 Basin 162



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. 13295

1. OWNER Rueben Carrion ADDRESS AT WELL LOCATION Lot 6 Harris Farm Rd
 MAILING ADDRESS _____
 2. LOCATION NW 1/4 NW 1/4 Sec. 22 T. 19S N/S R. 53 E. Nye County _____
 PERMIT NO. 29-305-06 Country place II
 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 |
|------------|--------------|------|-----|------------|
| Sandy clay | | 0 | 10 | 10 |
| Caliche | | 10 | 12 | 2 |
| Clay | | 10 | 69 | 59 |
| Caliche | | 69 | 73 | 4 |
| Clay sand | | 73 | 145 | 72 |
| Caliche | TR | 145 | 150 | 5 |
| Clay | | 150 | 161 | 11 |
| Caliche | wB | 161 | 164 | 3 |
| Clay | | 164 | 171 | 7 |
| Caliche | wB | 171 | 175 | 4 |

8. WELL CONSTRUCTION
 Depth Drilled 175 Feet Depth Cased 175 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 175
12 1/4 Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

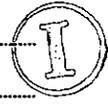
| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>4 3/8</u> | <u>16.94</u> | <u>.188</u> | <u>0</u> | <u>175</u> |

Perforations:
 Type perforation FACTORY SAW CUT
 Size perforation V8 X 7
 From 135 feet to 175 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 30 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 30 feet to 140 feet

9. WATER LEVEL
 Static water level 98 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 Contractor
 Address HER 78 Box 80358 Contractor
Pahrump NV 89041
 Nevada contractor's license number issued by the State Contractor's Board 30880
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1642
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 7-11-94



RECEIVED
 JUL 22 1994
 Div. of Water Resources
 Branch Office - Las Vegas, NV

Date started 6-14, 19 94
 Date completed 6-18, 19 94

7. WELL TEST DATA

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