

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

Log No. 49709
 Permit No. _____
 Basin _____
 NOTICE OF INTENT NO. 13185

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER Jim & Laura Menez ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____

2. LOCATION NE 1/4 SE 1/4 Sec 36 T 21-S N/S R. 53 E Nye County _____
 PERMIT NO APN 44-811-05 1 Block 2 Homstead Gardens
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 |
| Brown Clay | | 4 | 12 | 8 |
| Caliche | | 12 | 18 | 6 |
| Soft Brown Clay | | 18 | 96 | 78 |
| Sandstone Layers of | | | | |
| Soft Clay | x | 96 | 138 | 42 |
| Soft Brown Clay | | 138 | 203 | 65 |
| Gypsum Formation | x | 203 | 218 | 15 |
| Red Clay | | 218 | 240 | 22 |

8. WELL CONSTRUCTION
 Depth Drilled 240 Feet Depth Cased 240 Feet

HOLE DIAMETER (BIT SIZE)
 From To
12 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) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 8 | 18lbs. | .188 | 0 | 240 |

Perforations:
 Type perforation Torch Cut
 Size perforation 1/2 in width 8 in long
 From 200 feet to 240 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

RECEIVED

OCT 25 1995

DCNR/DWR
 LAS VEGAS OFFICE

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 240 feet

9. WATER LEVEL
 Static water level 95 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started October 16 1995
 Date completed October 18 1995

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| 20 | 4 | 1/4 |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Charles Nyberg Contractor
 Address HCR 77 BOX 36525 Pahrump NV Contractor

Nevada contractor's license number 7484
 issued by the State Contractor's Board.

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 725

Signed Charles Nyberg
 By driller performing actual drilling on site or contractor

Date October 19, 1995