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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. 17994

1. OWNER GIOVANNI, DOMINICK ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 2350 KELLOGG RD. 2350 KELLOGG
PAHRUMP, NV 89041

2. LOCATION SE 1/4 SW 1/4 Sec. 13 T 21S N/S R 53E E NYE County _____
 PERMIT NO. _____ 44-613-03 CONESTOGA EST. _____
 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 | Thickness |
|----------|--------------|------|-----|-----------|
| CLAY | | 0 | 24 | 24 |
| CALICHE | | 24 | 26 | 2 |
| CLAY | | 26 | 55 | 29 |
| CALICHE | WB | 55 | 57 | 2 |
| CLAY | | 57 | 83 | 26 |
| CALICHE | WB | 83 | 85 | 2 |
| CLAY | | 85 | 114 | 29 |
| CALICHE | WB | 114 | 116 | 2 |
| CLAY | | 116 | 138 | 22 |
| CALICHE | WB | 138 | 140 | 2 |

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

HOLE DIAMETER (BIT SIZE)
 From To
12.25 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) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 8.625 | 16.94 | .188 | 0 | 140 |

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

From 100 feet to 120 feet
 From _____ feet to _____ feet

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 140 feet

9. WATER LEVEL
 Static water level 52 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 6/25/96, 19____
 Date completed 6/30/96, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| | | |
| | | |
| | | |
| | | |

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. Contractor
 Address PO BOX 4220 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 Thomas Dan
 By driller performing actual drilling on-site or contractor
 Date 6-13-96