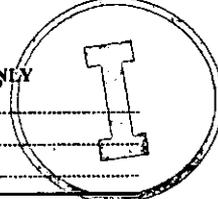


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. **63968**
 Permit No. _____
 Basin **163**



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. **14669**

1. OWNER **DAVID REED** ADDRESS AT WELL LOCATION **PAWNEE & PAPA90 SANDY VALLEY**
 MAILING ADDRESS _____
 2. LOCATION **NE 1/4 SE 1/4 Sec. 26 T. 24 N/S R. 5.6 E CLARK** County
 PERMIT NO. **580-240-126** 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 LOAM		0	3	3
CALICHE		3	5	2
CLAY		5	15	10
CALICHE		15	18	3
CLAY		18	38	20
CALICHE		38	43	5
CLAY		43	57	14
CALICHE	TL	57	60	3
CLAY		60	75	15
CALICHE	WB	75	81	6
CLAY		81	90	9
CALICHE	W.D.	90	95	5
CLAY		95	114	9
CALICHE	W.D.	114	118	4
CLAY		114	127	13
CALICHE	W.B.	127	133	6
CLAY		133	137	4
CALICHE	W.B.	137	140	3

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet
 HOLE DIAMETER (BIT SIZE)
 From **12 1/4** Inches To **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:
 Type perforation **FACTORY SAW CUT**
 Size perforation **8 INCH BY 3 INCH**
 From **140** feet to **120** 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 **140** feet to **50** feet

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 APR 25 1995
 Div. of Water Resources
 Branch Office - Las Vegas, NV

9. WATER LEVEL
 Static water level **5.7** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COOL** °F Quality _____

Date started **3-27** 19**95**
 Date completed **3-31** 19**95**

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			

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 **HCR. 78 BOX 80358**
PAHRUMP, NV. 89041 Contractor
 Nevada contractor's license number **30880**
 issued by the State Contractor's Board
 Nevada driller's license number issued by the **1573**
 Division of Water Resources, the on-site driller.
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **3-31-95**