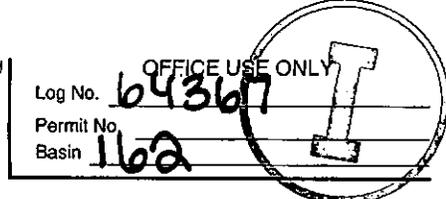


WELL DRILLER'S REPORT

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



PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 15456

1. OWNER **BISS** ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS **5881 SADDLETREE** **5881 SADDLETREE**  
**PAHRUMP, NV 89048**

2. LOCATION **NE** 1/4 **SE** 1/4 Sec. **16** T **21S** N/S R **54E** E **NYE** County \_\_\_\_\_  
 PERMIT NO. \_\_\_\_\_ 43-071-07 **COTTONWOODS** Subdivision Name \_\_\_\_\_  
 Issued by Water Resources Parcel No. \_\_\_\_\_

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
CLAY & GRAVEL		0	93	93
GRAVEL	WB	93	104	11
CLAY		104	109	5
CALICHIE	WB	109	117	8
CLAY		117	138	21
GRAVEL	WB	138	147	9
CLAY		147	163	16
GRAVEL	WB	163	172	9
CLAY		172	175	3

8. WELL CONSTRUCTION  
 Depth Drilled **175** Feet Depth Cased **175** Feet

HOLE DIAMETER (BIT SIZE)  
 From To  
**10.25** inches **0** Feet **175** Feet  
 \_\_\_\_\_ inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	5.5	.345	0	175

Perforations:  
 Type perforation **SAW CUT**  
 Size perforation **1/8 X 4**

From <b>135</b>	feet to <b>155</b>	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	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 **175** feet

9. WATER LEVEL  
 Static water level **98** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **3/24/97**, 19\_\_\_\_  
 Date completed **3/28/97**, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	G.P.M.		Time (Hours)
	Bailer	Pump	
	Draw Down (Feet Below Static)		

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 **4-7-97**

