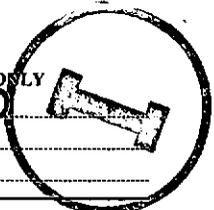


Log No. 64840
 Permit No. _____
 Basin. 162



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. 16277

1. OWNER MIKE MEADS CONSTRUCTION ADDRESS AT WELL LOCATION 2851 S. YUCCA TERRACE
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 SW 1/4 Sec. 29 T. 20-S N/S R. 53 E. NYE County _____
 PERMIT NO. 40-373-03 CALVADA VALLEY UNIT 5 BLOCK 3
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 _____

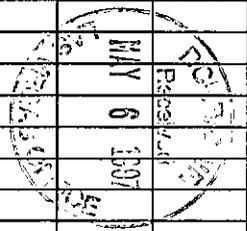
6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Surface		0	4	4
Brown clay		4	8	4
Gray clay		8	22	14
Gray clay & caliche		22	46	24
Gray clay		46	58	12
Brown clay & caliche	X	58	81	23
Brown clay		81	105	24
Brown clay & caliche	X	105	130	25
Brown clay		130	140	10

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
12 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 5/8	16.94	.188	0	140

Perforations:
 Type perforation Torch cut
 Size perforation 1/4" width 8" long
 From 100 feet to 140 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 50' Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 50' feet to 140' feet



Date started APRIL 28, 19 97
 Date completed APRIL 28, 19 97

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
20	4	1/4	

9. WATER LEVEL
 Static water level 55' 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 JIM PIKE WELL DRILLING, LLC Contractor
 Address P.O. BOX 56 Contractor
PAHRUMP, NV 89041
 Nevada contractor's license number issued by the State Contractor's Board 17563A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1812
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date MAY 5, 1997