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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. 16811

1. OWNER BILL ELLIS ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____ 6460 LONGHORN AVE _____
 2. LOCATION SW 1/4 NE 1/4 Sec. 16 T 21-S N/S R 54 E NYE County _____
 PERMIT NO. 43-051-14 COTTONWOODS @ HAFEN RANCH
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/gravel		4	32	28
CEMENTED gravel		32	51	19
Brown clay/gravel		51	78	27
Brown clay		78	94	16
Brown clay/gravel	X	94	127	33
Brown clay		127	141	14
Brown clay/gravel	X	141	160	19

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 Inches To 0 Feet 160 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	160

Perforations:
 Type perforation Torch Cut
 Size perforation 1/2" width 8" long
 From 120 feet to 150 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 Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 50 feet to 160 feet

9. WATER LEVEL
 Static water level 75 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. 99041
 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 OCTOBER 31, 1997

Date started OCT. 27, 19 97
 Date completed OCT. 27, 19 97

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 checked="" type="checkbox"/> Air Lift	<u>20</u>	<u>4</u>	<u>1/3</u>