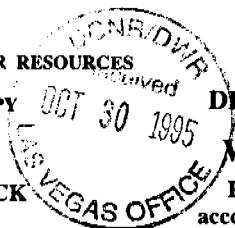


WELL DRILLER'S REPORT

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



70204
 OFFICE USE ONLY
 Log No. ~~50868~~
 Permit No. ~~212~~
 Basin. ~~212~~

NOTICE OF INTENT NO. 9355

1. OWNER H2g ADDRESS AT WELL LOCATION 1928 N. LINDO BLVD
 MAILING ADDRESS 4370 S. DUTTON
LS NV 89103

2. LOCATION NW 1/4 SW 1/4 Sec 5 T. 20 N. R. 62 E. CLIVE County
 PERMIT NO. M.O. 2572
 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 None

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
clay		0	22	
CLAYSTONE		22	24	
clay		24	50	

Being water grouted from the 130 ft to the top

8. WELL CONSTRUCTION
 Depth Drilled 50 Feet Depth Cased NA Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 50 Feet
 From 0 Feet To 50 Feet
 From 0 Feet To 50 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
			<u>NA</u>	

Perforations:
 Type perforation NA
 Size perforation
 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 Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 92 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 Walter E. Williams Dr. Contractor
 Address 4301 S. Valley View #21 Contractor
LS NV 89103
 Nevada contractor's license number issued by the State Contractor's Board. 0039528
 Nevada driller's license number issued by the Division of Water Resources) the on-site driller. 11847
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 10-12-95

Date started 5-7, 1995
 Date completed 5-7, 1995

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			