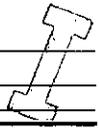


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. **70770**
 Permit No. _____
 Basin **162**



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. **17348**

1. OWNER **Phillip & Catharine Hamilton**
 MAILING ADDRESS **900 W. Ember Pahrump, NV 89048**
 ADDRESS AT WELL LOCATION **900 W. Ember**

2. LOCATION **SW 1/4 SW 1/4 Sec. 33 T 20S N/S R 53E E NYE** County **Palo Verde Ranchos**
 PERMIT NO. **35-543-02** 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	Thickness
brown clay		0	4	4
brown clay		4	6	2
grey calache		6	21	15
brown calache		21	40	19
brown clay		40	56	16
red brown clay		56	65	9
dark red clay	x	65	87	22
dark brown clay	x	87	103	16
brown clache	x	103	115	12
cream calache	x	115	140	25

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12 7/8 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)
6 5/8	3.7	.280	0	140

Perforations:
 Type perforation **SAW CUT**
 Size perforation **.188**
 From **110** feet to **140** 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 **140** feet

9. WATER LEVEL
 Static water level **65** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **cold** °F Quality **good**

Date started **3/4/98**, 19____
 Date completed **3/4/98**, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	.5	na	.50

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Strickland Construction Co., Inc.** Contractor
 Address **2301 Winery Road, Suite 2 Pahrump, NV 89048** Contractor
 Nevada contractor's license number issued by the State Contractor's Board **40277**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2086**
 Signed *Tommy Strickland*
 By driller performing actual drilling on-site or contractor
 Date **3-5-98**

