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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. 17091

1. OWNER GARY & KATHY HARMON ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____ 1790 E. FALCON ST.

2. LOCATION SE 1/4 SE 1/4 Sec. 35 T. 20-S N/S R. 53 E NYE County _____
 PERMIT NO. 41-112-12 CALVADA VALLEY UNIT 3 BLK 37
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 |
|--------------------|--------------|------|-----|-----------|
| Surface | | 0 | 4 | 4 |
| Gray clay | | 4 | 10 | 6 |
| Gray clay/caliche | | 10 | 41 | 31 |
| Gray clay | | 41 | 68 | 27 |
| Brown clay | X | 68 | 91 | 23 |
| Brown clay/caliche | | 91 | 108 | 17 |
| Brown clay | X | 108 | 131 | 23 |
| Brown clay/caliche | | 131 | 140 | 9 |

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 Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 50 feet to 140 feet

9. WATER LEVEL
 Static water level 46 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started MARCH 17, 1998
 Date completed MARCH 17, 1998

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| 20 | 4 | 1/4 |

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 MARCH 20, 1998

