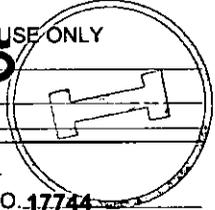


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. **71815**
 Permit No. _____
 Basin **162**



NOTICE OF INTENT NO. **17744**

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

1. OWNER **Ronnie and Emily Marx** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **980 W. Leffner** **980 W. Leffner**
Pahrump, NV 89048

2. LOCATION **NW 1/4 NW 1/4 Sec. 28 T 19S** N/S R **53E** E **Nye** County
 PERMIT NO. **29-871-17** Bell Vista 3 Subdivision Name _____
 Issued by Water Resources Parcel No. _____

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 sandy loam		0	12	12
brown calache		12	14	2
brown sandy loam		14	26	12
brown calache and gravel		26	58	32
brown calache	x	58	75	17
brown calache	x	75	85	10
light grey calache	x	85	90	5
light brown calache	x	90	94	4
light brown sandy loam	x	94	102	8
brown sandy loam	x	102	110	8
See next line	x	110	130	20
brown calache, strings sandy loam				
brown calache	x	130	140	10

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

HOLE DIAMETER (BIT SIZE)
 From To
11 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**

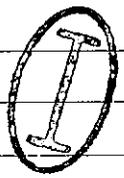
From **100** feet to **140** feet
 From _____ feet to _____ feet

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 **58** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **cold** °F Quality **good**

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.**
 Address **2301 Winery Road, Suite 2**
Pahrump, NV 89048
 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 *Harry Strickland*
 By driller performing actual drilling on-site or contractor
 Date **7-7-98**



Date started **7/1/98**, 19____
 Date completed **7/1/98**, 19____

7. WELL TEST DATA

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

