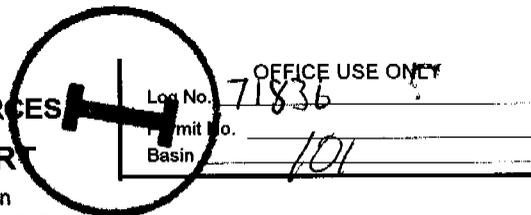


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



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. 37710

1. OWNER Hiatt Land Development ADDRESS AT WELL LOCATION 5544 Riversedge Drive, Fallon, NV 89406
 MAILING ADDRESS P.O. box 1059
Fallon, NV 89407

2. LOCATION SE 1/4 NW 1/4 Sec. 29 T 19N N/S R 28E E Churchill County
 PERMIT NO. 008-551-33
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other _____ Municipal/Industrial Monitor Stock Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brown Silt		0	10	10
Brown Sand		10	30	20
Brown Clay		30	32	2
Brown Silt		32	43	11
Gray Clay		43	57	14
Gray Silt		57	65	8
Brown Sand		65	85	20
Brown Clay		85	95	10
Brown Silt		95	108	13
Gray Clay		108	115	7
Gray Sand		115	135	20
Brown Clay		135	143	8
Brown Silt		143	155	12
Brown Clay		155	160	5
Brown Sand	X	160	178	18

8. WELL CONSTRUCTION
 Depth Drilled 178 Feet Depth Cased 178 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 178 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	3.92	.258	0	178

Perforations:
 Type perforation Saw Cut
 Size perforation 1/8
 From 175 feet to 178 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 100 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 100 feet to 178 feet

9. WATER LEVEL
 Static water level 13 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality unknown

Date started 3/2/98, 19____
 Date completed 3/3/98, 19____

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>60</u>		<u>1 hr.</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Parsons Drilling, Inc. Contractor
 Address P.O. Box 1265 Contractor
Fallon, NV 89407-1265
 Nevada contractor's license number issued by the State Contractor's Board 29064
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1753
 Signed Wayne Parsons
 By driller performing actual drilling on-site or contractor
 Date 3-17-98