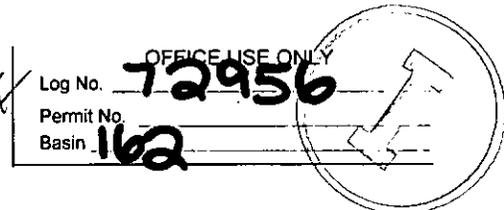


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



Log No. **72956**
 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. **18096**

1. OWNER **William Slade** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **5241 S. Sunland Ave** **5241 S. Sunland Ave.**
Pahrump, NV 89048

2. LOCATION **SW 1/4 NW 1/4 Sec. 8 T 21S N/S R 54E E Nye** County
 PERMIT NO. **45-111-12** Parcel No. **Sunland Estates** Subdivision Name

Issued by Water Resources _____

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	Thick-ness
Brown sandy loam and rock		0	18	18
light brown calache		18	29	11
brown calache		29	51	22
brown calache		51	58	7
brown calache	x	58	89	31
grey sandy loam	x	89	99	10
brown sandy loam	x	99	127	28
light brown calache	x	127	140	13

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 **sawcut**
 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 **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.

Date started **11/11/98**, 19____
 Date completed **11/11/98**, 19____

7. WELL TEST DATA

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

Name **Strickland Construction Co., Inc.** Contractor
 Address **2301 Winery Road, Suite 2** Contractor
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 *Pony Strickland*
 By driller performing actual drilling on-site or contractor

Date **11-18-98**

