



OFFICE USE ONLY
 Log No. 74948
 Permit No. _____
 Basin 162

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 18733

1. OWNER MELVIN WILBUR ADDRESS AT WELL LOCATION 911 W. STARLIGHT
 MAILING ADDRESS _____

2. LOCATION NW 1/4 SW 1/4 Sec 33 T 20-S N/S R 53 E NYE County _____
 PERMIT NO. 35-501-27 Parcel No. SILVER MOON RANCHOS 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 | 36 | 32 |
| Gray Clay/Caliche | | 36 | 57 | 21 |
| Gray Clay | X | 57 | 78 | 21 |
| Brown Clay/Caliche | | 78 | 95 | 17 |
| Brown Clay | | 95 | 115 | 20 |
| Brown Clay/Caliche | X | 115 | 141 | 26 |
| Brown Clay | | 141 | 168 | 27 |
| Brown Clay/Gran.Cali. | X | 168 | 180 | 12 |

8. WELL CONSTRUCTION
 Depth Drilled 180 Feet Depth Cased 180 Feet

HOLE DIAMETER (BIT SIZE)
 From To
12 Inches 0 Feet 180 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 | 180 |

Perforations:
 Type perforation Torch Cut
 Size perforation 1/4" width 8" long
 From 140 feet to 180 feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 180 feet

9. WATER LEVEL
 Static water level: 57 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started MARCH 26, 1999
 Date completed MARCH 26, 1999

7. WELL TEST DATA

TEST METHOD: Bailer 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 ~~from~~ the best of my knowledge.

Name JIM PIKE WELL DRILLING, LLC Contractor 
 Address P.O. BOX 56
PAHRUMP, NV. 89041 Contractor

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 31, 1999