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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. 18810

1. OWNER WILFRED & SANDRA BAPTISTE ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 3599 KAHALA BAY LANE 2140 S. BARNEY
LAS VEGAS NV 89147 PARHUM NV 89048
 2. LOCATION NE 1/4 NE 1/4 Sec 25 T. 20S N/S R. 52E E N4E County _____
 PERMIT NO. 27-571-32 27-571-32 FILE MAP# 42344 PARCEL 4
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 | Thick-ness |
|-------------------|--------------|------|-----|------------|
| SURFACE | | 0 | 4 | 4 |
| WHITE CLAY | | 4 | 12 | 8 |
| CALICHE | | 12 | 36 | 24 |
| GREEN CLAY | | 36 | 80 | 44 |
| LITE BROWN CLAY | X | 80 | 112 | 32 |
| CALICHE | | 112 | 116 | 4 |
| LITE BROWN CLAY | | 116 | 148 | 32 |
| HARD SPOT (WHITE) | | 148 | 156 | 8 |
| BROWN CLAY | X | 156 | 180 | 24 |

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 | 17 | .188 | 0 | 180 |

Perforations:
 Type perforation TOOTH CUT
 Size perforation 3/4" WIDE X 8" LONG
 From 140 feet to 180 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Depth of Seal 50 Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 180 feet

9. WATER LEVEL
 Static water level: 53 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 12-6-99, 19____
 Date completed 12-8-99, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|-----------|-------------------------------|---------------|
| <u>20</u> | <u>-0-</u> | <u>15 min</u> |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Charles Nyberg Well Drilling Contractor
 Address 1060 W BASIN Rd Contractor
PARHUM NV 89048
 Nevada contractor's license number issued by the State Contractor's Board: 7484
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 725
 Signed Charles Nyberg
 By driller performing actual drilling on site or contractor
 Date 12-15-99