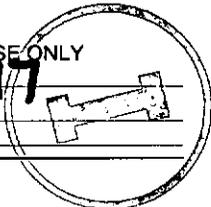


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. **78597**
 Permit No. **162**
 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. **19613**

1. OWNER **Kevin Chase** ADDRESS AT WELL LOCATION **3721 S. Cathi**
 MAILING ADDRESS **3721 S. Cathi** **Pahrump, NV 89048**

2. LOCATION **NE 1/4 NE 1/4 Sec. 36 T 20S N/S R 53E E Nye** County **Calvada**
 PERMIT NO. **41-133-05** 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
brown silt		0	14	14
brown loam	x	14	72	58
brown caleche	x	72	75	3
brown loam	x	75	80	1
brown caleche	x	80	84	4
brown loam	x	84	116	32
See next line	x	116	160	44
brown loam with caleche strings				

8. WELL CONSTRUCTION
 Depth Drilled **160** Feet Depth Cased **160+1** Feet

HOLE DIAMETER (BIT SIZE)
 From To
11 Inches **0** Feet **160** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

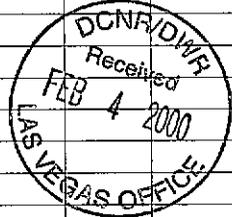
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	3.7	.280	0	160

Perforations:
 Type perforation **sawcut**
 Size perforation **.188**

From **135** feet to **160** 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 **160** feet



Date started **1/8/00** _____ 19
 Date completed **1/8/00** _____ 19

7. WELL TEST DATA

TEST METHOD:	Bailer		Pump		Air Lift	
	G.P.M.	Draw Down (Feet Below Static)	G.P.M.	Draw Down (Feet Below Static)	G.P.M.	Time (Hours)

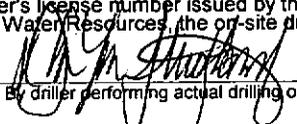
9. WATER LEVEL
 Static water level **63** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **cool** °F Quality **good**

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.** 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  By driller performing actual drilling on-site or contractor
 Date **1-29-00**

