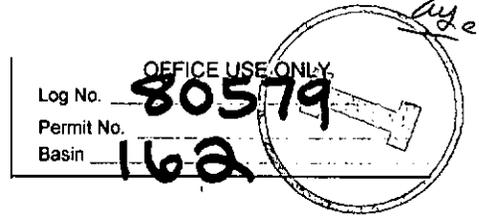


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



Log No. **80579**
 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. **21493**

1. OWNER **B.S.L.E./Taylor** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **3371 E. Zolin** **3341 E. Zolin**
Pahrump, NV 89048

2. LOCATION **NE 1/4 SW 1/4 Sec. 7 T 21S N/S R 54E E Nye** County **Nye**
 PERMIT NO. _____
 Issued by Water Resources **45-081-84** 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
		0		20
brown loam		0	14	14
brown caleche		14	24	10
See next line		24	45	21
brown loam with caleche strings				
grey caleche	x	45	56	11
See next line	x	56	59	3
brown loam with caleche strings				
See next line	x	59	66	7
brown loam with grey caleche strings				
brown caleche	x	66	74	8
See next line	x	74	101	27
brown loam with grey caleche strings				
See next line	x	101	140	39
brown loam with caleche strings				

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140+1** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
11 inches **0** feet **140** feet
 _____ inches _____ feet _____ feet
 _____ inches _____ feet _____ feet

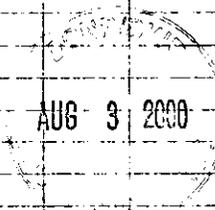
CASING SCHEDULE

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 **125** 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



Date started **6/29/00** 19____
 Date completed **6/29/00** 19____

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level **52** 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 **6-30-00**