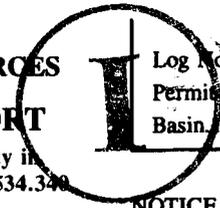


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 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340



Log No. 88606
 Permit No. _____
 Basin. 207

NOTICE OF INTENT NO. 43192

1. OWNER Joe A ZEKED ADDRESS AT WELL LOCATION Cottontail Lane Sunny Side
 MAILING ADDRESS 3733 San Avila Circle Las Vegas NV 89103

2. LOCATION Sec 1/4, 1/4 Sec 36 T. 7 N/S R. 61 E. Dye County _____
 PERMIT NO. N/A Parcel No. 13-131-34 Subdivision Name Bert Hanks Sub.

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
Sandy top Soil		0	5	
Tan Sandy clay		5	15	
white sandy clay		15	22	
Sand	water	22	23	
white sandy clay		23	31	
blue sandy clay	water	31	60	
blue clay		60	97	
Sand	water	97	100	
blue sandy clay		100	110	

8. WELL CONSTRUCTION
 Depth Drilled 110 Feet Depth Cased 110 Feet

HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 50 Feet
8 Inches 5 Feet 110 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>12.9</u>	<u>.188</u>	<u>1</u>	<u>10</u>
<u>6 5/8</u>	<u>SDR 24</u>	<u>Sch 40 PVC</u>	<u>10</u>	<u>110</u>

Perforations:
 Type perforation MILL
 Size perforation .032
 From 50 feet to 110 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 110 feet

9. WATER LEVEL
 Static water level 16 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality Suber Salt

Date started Dec 27 2002
 Date completed Jan 10 2003

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>40</u>	<u>32</u>	<u>1hr</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Ocean R Maxward Contractor
 Address P.O. Box 64 Lundell NV 89317 Contractor

Nevada contractor's license number issued by the State Contractor's Board 47224
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1556

Signed Ocean Maxward
 By driller performing actual drilling on site or contractor

Date Jan 28 - 03

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