

OFFICE USE ONLY
 Log No. 91030
 Permit No. _____
 Basin. 103

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. 25005

1. OWNER Scott Isaacson ADDRESS AT WELL LOCATION 3 mi. West of Goodsprings
 MAILING ADDRESS _____
 2. LOCATION Mo. E. 1/4, NE 1/4 Sec. 29 T. 24 N/S R. 58 E Clark County
 PERMIT NO. 202-29-000-002 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	Thickness
<u>Clay & Gravel</u>		<u>0</u>	<u>6.5</u>	<u>6.5</u>
<u>Red Clay</u>		<u>6.5</u>	<u>700</u>	<u>635</u>
<u>Will Refile New Intent Card when Customer solves Financial problems At this time this is considered a Basehole, And will be handled Accordingly</u>				
BICNR/DWR RECEIVED OCT 17 2003 LAS VEGAS OFFICE				

8. WELL CONSTRUCTION
 Depth Drilled 700 Feet Depth Cased NA Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 700 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
		<u>NA</u>		

 Perforations:
 Type perforation NA
 Size perforation _____
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 8-23 2003
 Date completed 9-14 2003

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>Dry</u>	<u>To 700'</u>	

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Redding Drilling Contractor
 Address 3955 Blue Diamond Rd #4 Contractor
Las Vegas NV 89139
 Nevada contractor's license number issued by the State Contractor's Board 38155
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1617
 Signed Floyd Mitchell
 By driller performing actual drilling on site or contractor
 Date 10-7-03