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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. 26098

1. OWNER PROVENZA RESIDENCE ADDRESS AT WELL LOCATION 2341 S. RED ROCK
 MAILING ADDRESS 2341 S. RED ROCK
PAHRUMP, NV

2. LOCATION SW 1/4 NE 1/4 Sec. 29 T 20 N/S R 53 E NYE County
 PERMIT NO. _____ Parcel No. 39-061-17 Subdivision Name CALVADA VALLEY UNIT 8B
 Issued by Water Resources

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
CLAY		0	11	11
CALICHE		11	28	17
CLAY		28	45	17
CALICHE		45	55	10
CLAY		55	80	25
CALICHE		80	85	5
CLAY		85	120	35
CALICHE	WB	120	126	6
CLAY		126	155	29
CALICHE	WB	155	163	8
CLAY		163	170	7
CALICHE	WB	170	180	10
CLAY		180	195	15
CALICHE	WB	195	217	22
CLAY		217	220	3

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8. WELL CONSTRUCTION
 Depth Drilled 220 Feet Depth Cased 220 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 220 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	3.63	.250	0	220

Perforations:
 Type perforation SAWCUT
 Size perforation 1/8 X 3
 From 120 feet to 220 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 100 feet

9. WATER LEVEL
 Static water level 57 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 GREAT BASIN DRILLING CO. OF NEVADA, INC. Contractor
 Address P.O. BOX 4220 Contractor
PAHRUMP, NV. 89048
 Nevada contractor's license number issued by the State Contractor's Board 47333
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2063
 Signed Don Toney
 By driller performing actual drilling on-site or contractor
 Date 3/19/2004

Date started 3/16/2004 19____
 Date completed 3/19/2004 19____

7. WELL TEST DATA

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