

WHITE - DIVISION OF WATER RESOURCES
 CANARY - CLIENT'S COPY
 PINK - WELL DRILLER'S COPY

USE ADDITIONAL SHEETS IF NECESSARY
 STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 93767
 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. 26941

1. OWNER JOHNNY & DE DE HOLLIMAN
 MAILING ADDRESS 3270 W. ADKISSON
PAHRUMP, NV

ADDRESS AT WELL LOCATION 3270 W. ADKISSON

2. LOCATION SW 1/4 NE 1/4 Sec. 1 T 20
 PERMIT NO. 41-555-16
Issued by Water Resources Parcel No.

N/S R 52 E NYE County
GOLDEN SPRING RANCH UNIT 5
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
SILT		0	4	4
CLAY		4	16	12
CALICHE		16	28	12
CLAY		28	60	32
CALICHE	WB	60	65	5
CLAY		65	80	15
CALICHE	WB	80	95	15
CLAY		95	101	6
CALICHE	WB	101	111	10
CLAY		111	135	24
CALICHE	WB	135	141	6
CLAY		141	165	24
CALICHE	WB	165	175	10
		175	180	5

DCNR/DWR
RECEIVED

LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 180 Feet Depth Cased 180 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 180 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	180

Perforations:
 Type perforation SAWCUT
 Size perforation 1/8 X 3
 From _____ 90 feet to _____ 110 feet
 From _____ 130 feet to _____ 150 feet
 From _____ 170 feet to _____ 180 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 180 feet

9. WATER LEVEL
 Static water level 54 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 1426
 Signed [Signature]
By driller performing actual drilling on-site or contractor
 Date 8/2/2004

Date started 7/29/2004, 19
 Date completed 7/30/2004, 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			