

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY
 Log No. 93781
 Permit No. _____
 Basin 162

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. 26973

1. OWNER Gerald Hart
 MAILING ADDRESS _____
 ADDRESS AT WELL LOCATION 3211 W. Palm Dr.

2. LOCATION NE 1/4 SE 1/4 Sec 24 T 19-S N R 52 E Nye County

PERMIT NO. _____ Parcel No. 27-734-10 Subdivision Name Majestic Estates Lt:2

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
Surface		0	4	4
Brown Clay/Gran. Calic.		4	12	8
Brown Clay		12	32	20
Brown Clay/Caliche		32	53	21
Brown Clay	X	53	102	49
Gray Clay	X	102	160	58

8. WELL CONSTRUCTION				
Depth Drilled	<u>160</u> Feet	Depth Cased	<u>160</u> Feet	
HOLE DIAMETER (BIT SIZE)				
	From		To	
<u>12</u> Inches		<u>0</u> Feet		<u>160</u> Feet
_____ Inches		_____ Feet		_____ Feet
_____ Inches		_____ Feet		_____ Feet
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>3.92</u>	<u>.28</u>	<u>0</u>	<u>160</u>

Perforations:
 Type perforation Saw Cut
 Size perforation 1/4" width 8" long

From _____ feet to _____ 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 _____ feet to _____ feet

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

Date started August 26, 20 04
 Date completed August 26, 20 04

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

7. WELL TEST DATE			
TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
	Draw Down (Feet Below Static)		Time (Hours)
G.P.M. <u>20</u>			<u>1/4</u>

Name JIM PIKE WELL DRILLING, LLC.
 (CONTRACTOR)
 Address P.O. BOX 56
 (CONTRACTOR)
PAHRUMP, NV. 89041
 Nevada contractor's license number _____
 issued by the State Contractor's Board 17563A
 Nevada driller's license number issued by the
 Division of Water Resources, the on-site driller 1324

Signed Jim Pike
 By driller performing actual drilling on site or contractor
 Date August 31, 2004