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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. 26433
121 ELKO ST

1. OWNER GLENN H. AJIFU ADDRESS AT WELL LOCATION QUARTZ AVE + ELKO ST
 MAILING ADDRESS SANDY VALLEY NV.
 2. LOCATION SE 1/4 SE 1/4 Sec. 36 T 24 N 0 R 56 E CLARK County
 PERMIT NO. 200-36-801-005 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	Thick-ness
SANDY LOAM		0	2	2
CLAY		2	30	28
CALICHE		30	34	4
CLAY		34	57	23
CALICHE	W.B	57	62	5
CLAY		62	82	20
CALICHE	W.B	82	88	6
CLAY		88	114	26
CALICHE	W.B	114	121	7
CLAY		121	133	12
CALICHE	W.B	133	140	7

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 140 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 7/8</u>	<u>4.33</u>	<u>.316</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation SAW CUT
 Size perforation 1/2 INCH BY 6 INCH
 From 140 feet to 100 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 FT. Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 140 feet to 50 feet

9. WATER LEVEL
 Static water level 50 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °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 BUDGET DRILLING CO. Contractor
 Address P.O. Box 3505 Pahrump NV. 89041 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 40020
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1573
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 7-12-2004

Date started 7-8, 2004
 Date completed 7-10, 2004

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			

DCNR/DWR
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LAS VEGAS OFFICE