

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

OFFICE USE ONLY
 Log No. 94049
 Permit No. 162
 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. **27278**

1. OWNER **DAVID MCMILLIN**
 MAILING ADDRESS **2360 E TRACI PAHRUMP, NV**

ADDRESS AT WELL LOCATION **2360 E TRACI**

2. LOCATION **SE 1/4 NW 1/4 Sec. 1 T 22S**
 PERMIT NO. **41-381-32**
Issued by Water Resources Parcel No.

N/S R **53E E NYE** County
CALVADA VALLEY UNIT 14
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 |
|------------------------------|--------------|------|-----|------------|
| SAND | | 0 | 15 | 15 |
| CLAY & ROCK | | 15 | 88 | 73 |
| SAND & GRAVEL | WB | 88 | 109 | 21 |
| CLAY & ROCK | | 109 | 118 | 9 |
| SAND & GRAVEL | | 118 | 124 | 6 |
| CLAY, GRAVEL, LAYERS OF SAND | WB | | 275 | 151 |
| HARD PACK CLAY | | 275 | 300 | 25 |

8. WELL CONSTRUCTION
 Depth Drilled **300** Feet Depth Cased **300** Feet

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

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 | 3.63 | .250 | 0 | 300 |

Perforations:
 Type perforation **SAWCUT**
 Size perforation **1/8 X 3**

| |
|-----------------------------------------|
| From 100 feet to 120 feet |
| From 140 feet to 160 feet |
| From 180 feet to 200 feet |
| From 220 feet to 240 feet |
| From 260 feet to 280 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 **300** feet

9. WATER LEVEL
 Static water level **200** 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 **12/30/04**

Date started **12/21/2004**, 19
 Date completed **12/21/2004**, 19

7. WELL TEST DATA

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

DCNR/DWR
 RECEIVED
 JAN 06 2005
 LAS VEGAS OFFICE

