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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. 26441

1. OWNER MICHELLE MOMAN ADDRESS AT WELL LOCATION MAIN ST. + ESMERALD AV. GOODSPRINGS NV.
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 NE 1/4 Sec. 26 T. 24 N/S R. 58 E. CLARK County _____
 PERMIT NO. 202-26-610-082 Parcel No. 405 W MAIN ST - 082 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
<u>SAND, SILT + GRAVEL</u>		<u>30</u>	<u>45</u>	<u>15</u>
<u>CLEAN OUT AND RECONDITION DOMESTIC WATER WELL WITH 9 7/8 INCH DRILL BIT. CASING 11" INCH I.D. CLEANED FROM 30' FT. TO 45' FT. BIT STOPPED NO FURTHER ADVANCEMENT. INSTALLED 6 5/8" PVC WELLS CASING GRAVEL PACKED TO 25' FT. REINFORCE WITH CEMENT GROUT FROM 25' FT. TO SURFACE</u>				
<u>CONTINUED</u>				
<u>RECEIVED</u>				
<u>NOV 18 2004</u>				
<u>LAS VEGAS OFFICE</u>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

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>45</u>

Perforations:

Type perforation SAW CUT
 Size perforation 1 1/8 INCH BY 6 INCH

From	To
<u>45</u>	<u>25</u>
_____	_____
_____	_____
_____	_____
_____	_____

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout

Depth of Seal EXISTING

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 45 feet to 25 feet

Date started 10-28, 2004
 Date completed 11-4, 2004

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL

Static water level 25 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 60.2 °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 PARADISE 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 11-5-2004