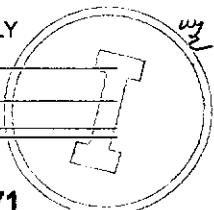


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. **96218**
 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. **28171**

1. OWNER **RON LIPPON**
 MAILING ADDRESS **1310 W GRAY FOXWAY PAHRUMP, NV**
 ADDRESS AT WELL LOCATION **1310 W GRAY FOXWAY**

2. LOCATION **SE 1/4 SW 1/4 Sec. 20 T 20S** N/S R **53E E NYE** County
 PERMIT NO. **39-044-23** **CALVADA VALLEY UNIT 8B**
Issued by Water Resources 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	Thickness
CLAY		0	14	14
CALICHE		14	21	7
CLAY		21	50	29
CALICHE		50	70	20
CLAY		70	85	15
CALICHE	WB	85	96	11
CLAY		96	135	39
CALICHE	WB	135	148	13
CLAY		148	170	22
CALICHE	WB	170	185	15
CLAY		185	200	15

DOWNDWR RECEIVED
MAY 02 2005
LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled **200** Feet Depth Cased **200** Feet

HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **0** Feet
 From **0** Feet To **200** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	3.63	.250	0	200

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

From	140	feet to	200	feet
From		feet to		feet
From		feet to		feet
From		feet to		feet
From		feet to		feet

Surface Seal: Yes No
 Depth of Seal **50**
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout

Gravel Packed: Yes No
 From **50** feet to **200** feet

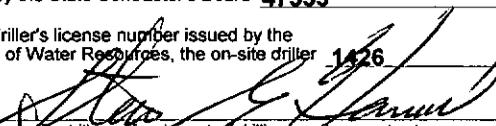
9. WATER LEVEL
 Static water level **71** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

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

Date started **4/23/2005**, 19
 Date completed **4/23/2005**, 19

7. WELL TEST DATA

TEST METHOD:	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			

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 
 By driller performing actual drilling on-site or contractor
 Date **4/28/05**