

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

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

96979
 OFFICE USE ONLY
 Log No. 96979
 Permit No. _____
 Basin 102
 NOTICE OF INTENT NO. 28716

PRINT OR TYPE ONLY

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

1. OWNER **Rolando Posada**
 MAILING ADDRESS _____
 ADDRESS AT WELL LOCATION **6501 S. Vicki Ann Rd.**

2. LOCATION **SW 1/4 NW 1/4 Sec 13 T 21S N R 53 E** **Nye County**
 PERMIT NO. **44-583-32** **Conestoga Country Ests Blk:32, Lot:1**

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
Surface		0	4	4
Brown Clay/Gran. Caliche		4	8	4
Brown Clay/Caliche		8	18	10
Limestone		18	21	3
Brown Clay/Caliche		21	40	19
Gray Clay/Caliche		40	55	15
Brown Clay/Caliche	X	55	102	47
Limestone	X	102	108	6
Brown Clay/Caliche	X	108	200	92

8. WELL CONSTRUCTION
 Depth Drilled **200** Feet Depth Cased **200** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **0** Feet **200** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	3.92	.28	0	200

DCNR/DWR
 RECEIVED
 JUL 21 2005
 LAS VEGAS OFFICE

Perforations:
 Type perforation **Saw Cut**
 Size perforation **1/4" width 8" long**
 From **160** feet to **200** 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 **50** feet to **200** feet

9. WATER LEVEL
 Static water level **79** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **July 15, 20 05**
 Date completed **July 15, 20 05**

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **JIM PIKE WELL DRILLING, LLC.**
 (CONTRACTOR)

7. WELL TEST DATE

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

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 _____
 By driller performing actual drilling on site or contractor
 Date **July 18, 2005**