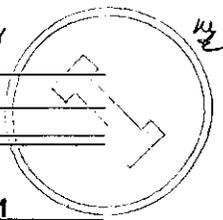


STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. **97432**
 Permit No. _____
 Basin **162**



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. **28531**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **ALFONZO MESTAS** ADDRESS AT WELL LOCATION **1640 W KELLOGG**
 MAILING ADDRESS **1640 E KELLOGG**
PAHRUMP, NV

2. LOCATION **SW** 1/4 **SE** 1/4 Sec. **14** T **21S** N/S R **53E** E **NYE** County
 PERMIT NO. _____ Parcel No. **44-743-13** Subdivision Name **MESA OESTE ESTATES #2**
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	Thick-ness
CLAY		0	123	123
CALICHE	WB	123	125	2
CLAY		125	164	39
CALICHE	WB	164	168	4
CLAY		168	186	18
CALICHE	WB	186	192	6
CLAY		192	219	27
CALICHE	WB	219	240	21

DCNR/DWR RECEIVED
 SEP 19 2005
 LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled **240** Feet Depth Cased **240** Feet

HOLE DIAMETER (BIT SIZE)
 From **10.250** Inches To **0** Feet
 From **0** Feet To **240** Feet
 From _____ Inches To _____ Feet
 From _____ Inches To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	3.63	.250	0	240

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

From 180 feet to 240 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

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

Gravel Packed: Yes No
 From **50** feet to **240** feet

9. WATER LEVEL
 Static water level **75** 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 **1642**

Signed *Thomas Dan*
 By driller performing actual drilling on-site or contractor
 Date **8/24/2005**

Date started **8/24/2005**, 19____
 Date completed **8/24/2005**, 19____

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			