

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

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 98131
 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. 28348

PRINT OR TYPE ONLY

1. OWNER VALLEY HOMES/SMITH
 MAILING ADDRESS _____
 ADDRESS AT WELL LOCATION /4201 W JACOB PAHRUMP, NV
 GPS: _____

2. LOCATION NE 1/4 NE 1/4 Sec 23 T 20 S R 52 E NYE County

PERMIT NO. _____
 Issued by Water Resources APN 41-432-07 Subdivision Name GOLDEN SPRING RANCH UNIT 2

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 | 64 | 64 |
| CALICHE | WB | 64 | 66 | 2 |
| CLAY | | 66 | 87 | 21 |
| CALICHE | WB | 87 | 89 | 2 |
| CLAY | | 89 | 114 | 25 |
| CALICHE | WB | 114 | 131 | 17 |
| CLAY | | 131 | 157 | 26 |
| CALICHE | WB | 157 | 172 | 15 |
| CLAY | | 172 | 180 | 8 |

8. WELL CONSTRUCTION
 Depth Drilled 180 Feet Depth Cased 180 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10.25 Inches To 0 Feet 180 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 | 3.63 | .250 | 0 | 180 |

Perforations:
 Type perforation SAWCUT
 Size perforation 1/8 X 3
 From 120 feet to 180 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 30% Grout
 From 50 feet to 180 feet

9. WATER LEVEL
 Static water level _____ 56 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 1/05, 20 06
 Date completed 1/05, 20 06

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 NEV, INC
 (CONTRACTOR)

7. WELL TEST DATE

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

Address P.O. BOX 4220
 (CONTRACTOR)
PAHRUMP, NV 89041
 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 [Signature]
 By driller performing actual drilling on site or contractor
 Date 1/06/06