

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

OFFICE USE ONLY
 Log No. 98143
 Permit No. 64425
 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. 291162

OWNER CHRISTILLCPANEE MCMACKIN ADDRESS AT WELL LOCATION 3451 E TILLMAN ST
 MAILING ADDRESS 3451 E TILLMAN ST
PAHRUMP, NV

2. LOCATION SE 1/4 SW 1/4 Sec. 31 T 21S N/S R 54E E NYE County/
 PERMIT NO. 64425 Issued by Water Resources Parcel No. 45-441-13 CAL-VISTA SUBDIVISION Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Deepen
 Abandon Replace Well

4. PROPOSED USE
 Domestic Irrigation Test Monitor Stock
 Municipal/Industrial

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--|--------------|------|----|------------|
| PERFORATE WELL HOLTZ | | | | |
| AIR ROTARY | | | | |
| PERFORATE FROM 200 FT TO 50 FT | | | | |
| PUMP BENTONITE | | | | |
| E-Z SEAL FROM 200 FT TO 50FT. PUMP NEAT CEMENT FROM 50FT TO SURFACE. | | | | |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

| EXISTING | Inches | Feet | To | 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 HOLTZ
 Size perforation 1/4 X 1/2

| From | feet to | feet |
|------------|---------|------|
| From _____ | 50 | 200 |
| From _____ | | |
| From _____ | | |
| From _____ | | |

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

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 112 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 1426
 Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 1/13/2006

Date started 1/5/2006 19____
 Date completed 1/5/2006 19____

7. WELL TEST DATA

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

DCNR/DWR
 RECEIVED

JAN 18 2006

LAS VEGAS OFFICE