



003618
 PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

14 WELLS

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. 30670

1. OWNER WARREN EIZMAN ADDRESS AT WELL LOCATION 350 FRONT ST. CALIENTE NV
 MAILING ADDRESS 350 FRONT ST CALIENTE NV
 2. LOCATION SW 1/4 NW 1/4 Sec 8 T. 04 NR. 07 E. LINCOLN County
 PERMIT NO. 308704 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
REMOVED DRIVING FILLED FROM BOTTOM TO TOP WITH BENTONITE CLAY CEMENT SEAL ON TOP				
MAP DATUM WELLS A4				
W11 37°36.820N 114°30.882 W				
W12 37°36.837N 114°30.857 W				
W13 37°36.845N 114°30.892 W				
W17 37°36.838N 114°30.838 W				
W12 37°36.841N 114°30.815 W				
W6 37°36.851N 114°30.778 W				
W67 37°36.857N 114°30.802 W				
W61 37°36.854N 114°30.811 W				
W68 37°36.848N 114°30.807 W				
W65 37°36.852N 114°30.800 W				
W64 37°36.860N 114°30.803 W				
W3 37°36.859N 114°30.807 W				
W3 37°36.853N 114°30.821 W				
W44 37°36.870N 114°30.764 W				

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

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

Date started 01/08 2007
 Date completed 01/08 2007

7. CONTINUOUS TEST DATA

TEST METHOD: <input checked="" type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
	JAN 1	2007	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name EMERUS DRILLING SERVICES LLC Contractor
 Address 7150 PLAZA ST. LAS VEGAS NV. 89119 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 51266
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2272
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 01/11/07