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WELL DRILLER'S REPORT

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

Permit No. _____
 Basin 207

NOTICE OF INTENT NO. 59932

1. OWNER David Gibson ADDRESS AT WELL LOCATION none
 MAILING ADDRESS P.O. Box 203
Land NV 89317
 2. LOCATION NW 1/4 SW 1/4 Sec 31 T. 10 N/S R. 11 E NYE County
 PERMIT NO. 32379 Parcel No. 013-891-13 Subdivision Name none
 Issued by Water Resources

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
Silty Clay top Soil		0	3	
Silty Clay tan		3	10	
Silty clay light tan		10	27	
Sand	water	27	27.1	1'
Silty clay tan		27.1	45	
lime clay white		45	55	
Dark Blue Sand	water	55	57	2'
Blue clay		57	73	
Sand	water	73	75	
Blue clay		75	98	
Sand	water	98	101	3'
Blue clay		101	120	
Sand	water	120	122	2'
Blue clay		122	137	
Sand	water	137	142	5'
Blue clay		142	160	

N 38.683444
 W 115.170139 NAD27

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
 From 16 Inches To 0 Feet 160 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>12"</u>		<u>250</u>	<u>-14"</u>	<u>160</u>

Perforations:
 Type perforation MILL
 Size perforation 1/4 x 2.5" x 12 row
 From _____ feet to _____ feet
 From 5.0 feet to 15.0 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 5.0' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 5.0 feet to 160 feet

9. WATER LEVEL
 Static water level 22.4" feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Cold °F Quality _____

Date started Nov 12 2007
 Date completed Feb 15 2008

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>120</u>	<u>5</u>	<u>1</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Ocean Maynard Contractor
 Address P.O. Box 69 Land NV 89317
 Nevada contractor's license number issued by the State Contractor's Board 47226
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1556
 Signed Ocean Maynard
 By driller performing actual drilling on site or contractor
 Date Feb 18 - 08