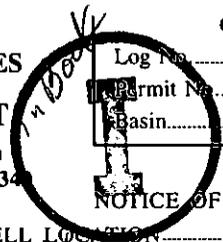


44194

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.34



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER Shields ADDRESS AT WELL LOCATION 5720 Saddletree
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 NE 1/4 Sec 16 T 21S N15 R 54 E Nye County
 PERMIT NO. 43-054-11 Parcel No. Cottonwoods 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	Thickness
Cobbles		0	27	27
Clay		27	32	5
Cemented rock		32	36	4
Caliche		36	34	18
Clay		54	77	23
Caliche	tr	77	84	7
Clay		84	92	8
Caliche	WB	92	100	8
Clay		100	119	19
Caliche	WB	119	123	4
Clay		123	131	8
Caliche	WB	131	134	3
Clay		134	147	13
Gravel	WB	147	155	8
Clay		155	169	14
Caliche	WB	169	171	2
Clay		171	178	7
Caliche	WB	178	180	2

8. WELL CONSTRUCTION
 Depth Drilled 180 Feet Depth Cased 180 Feet
 HOLE DIAMETER (BIT SIZE)
12 1/4 Inches From 0 Feet To 180 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
12.875	16.94	.188	0	180

Perforations:
 Type perforation Factory Saw cut
 Size perforation 18x3
 From 140 feet to 160 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
 From 50 feet to 180 feet

RECEIVED
 MAR 08 1994

Div. of Water Resources
 Branch Office - Las Vegas, NV
 Date started 1-28 1994
 Date completed 2-1 1994

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)	

9. WATER LEVEL
 Static water level 7.7 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 Contractor
 Address Her 78 Box 86358 Contractor
Pahrump NV 89041
 Nevada contractor's license number issued by the State Contractor's Board 30880
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1642
 Signed Thomas Den
 By driller performing actual drilling on site or contractor
 Date 2-3-94