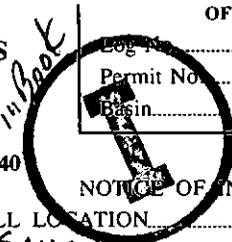


44196

WELL DRILLER'S REPORT

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



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 12996

1. OWNER Charles McKay ADDRESS AT WELL LOCATION Lot 791 SAUVY
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 NE 1/4 Sec. 19 T. 215 N/S R. 54 E Nye County
 PERMIT NO. 45-273-31 Parcel No. Green saddle ranch 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
clay		0	6	6
caliche		6	9	3
clay		9	36	27
caliche		36	46	4
clay		40	72	32
caliche	WB	72	76	4
clay		76	98	22
caliche	WB	98	100	2
clay		100	110	10
caliche	WB	110	112	2
clay		112	119	7
caliche	WB	119	122	3
clay		122	130	8
caliche	WB	130	133	3
clay		133	140	7

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 0 Feet 140 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 3/4</u>	<u>16.94</u>	<u>.188</u>	<u>0</u>	<u>140</u>

 Perforations:
 Type perforation Factory Saw cut
 Size perforation 1/8 x 3
 From 160 feet to 120 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 140 feet

RECEIVED

MAR 07 1994

Div. of Water Resources
 Branch Office - Las Vegas, NV

Date started 2-9 1994
 Date completed 2-10 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 58 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 HCE 78 Box 80358 Contractor
Pahrump NV 89001
 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 Dean
 By driller performing actual drilling on site or contractor
 Date 2-15-94