

OFFICE USE ONLY
 Log No. 50484
 Permit No. _____
 Basin 162

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 16761

1. OWNER Tom Terry Development ADDRESS AT WELL LOCATION: 3960 S. Sagebrush Dr.
 MAILING ADDRESS: _____
 2. LOCATION SE 1/4 SW 1/4 Sec 31 T. 20-S N/S R. 54 E Nye County Nye
 PERMIT NO. 41-233-06 Calvada Valley Unit: 1
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 |
|----------------------|--------------|------|-----|------------|
| Surface | | 0 | 4 | 4 |
| Brown clay | | 4 | 32 | 28 |
| Gray clay & caliche | | 32 | 46 | 14 |
| Gray clay | | 46 | 58 | 12 |
| Gray clay & caliche | X | 58 | 74 | 16 |
| Brown clay | | 74 | 92 | 18 |
| Gray clay & caliche | X | 92 | 137 | 45 |
| Brown clay & caliche | | 137 | 160 | 23 |

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
12 Inches 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) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 8 5/8 | 16.94 | .188 | 0 | 160 |

Perforations:
 Type perforation Torch Cut
 Size perforation 1" width 8" long
 From 120 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 160 feet

9. WATER LEVEL
 Static water level: 66 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 Jim Pike Well Drilling, LLC Contractor
 Address P.O. Box 56 Contractor
Pahrump, NV 89041
 Nevada contractor's license number issued by the State Contractor's Board 17563A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 1812
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date December 29, 1995

Date started December 18, 1995
 Date completed December 18, 1995

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--|-----------|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift | <u>20</u> | <u>4</u> | <u>1</u> |

