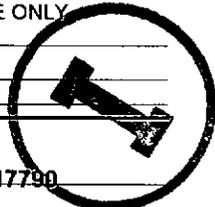


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 54213
 Permit No. _____
 Basin 162



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 17790

1. OWNER Strickland Construction Co., Inc. ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS HC 78 Box 80036 4330 E Mary Lou
Pahrump, NV 89041

2. LOCATION SW 1/4 NW 1/4 Sec. 17 T 21S N/S R 54E E Nye County
 PERMIT NO. 45-181-29 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
BROWN CLAY		0	18	18
BROWN CLAY		18	32	14
GREY CLAY		32	51	19
GREY POPCORN	X	51	72	21
GREY CALICHIA	X	72	90	18
GREY POPCORN	X	90	111	21
BROWN CLAY	X	111	127	16
DARK BROWN CLAY	X	127	143	16
BROWN CALICHIA	X	143	160	17

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/FL (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>17</u>	<u>188</u>	<u>0</u>	<u>160</u>

Perforations:
 Type perforation Torch
 Size perforation .25 x 6

From 105 feet to 125 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 51 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality good

Date started 5/28/96, 19____
 Date completed 5/29/96, 19____

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>50</u>	<u>n/a</u>	<u>.50</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Strickland Construction Co., Inc. Contractor
 Address HC 78 BOX 80036 Contractor
PAHRUMP, NV 89041

Nevada contractor's license number issued by the State Contractor's Board: 40277
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 1916

Signed Jerry Strickland
 By driller performing actual drilling on-site or contractor
 Date 9-18-96

