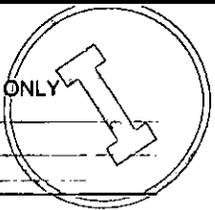


STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. **70995**
 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. **17710**

1. OWNER **Irving & Lois Sheldon** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **1671 Dollar Street** **1671 Dollar Street**
Pahrump, NV 89048

2. LOCATION **SW 1/4 SE 1/4 Sec. 11 T 21S N/S R 53E E Nye** County
 PERMIT NO. **44-324-03** Parcel No. **Joyceln Estates** Subdivision Name

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
brown clay		0	4	4
grey calache		4	30	26
brown clay		30	58	28
brown clay		58	65	7
light grey clay	x	65	89	24
brown clay	x	89	105	16
brown calache	x	105	110	5
grey calache	x	110	120	10
light grey calache	x	120	125	5
dark grey calache	x	125	130	5
See next line	x	130	140	10
brown calache and clay strings				

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet

HOLE DIAMETER (BIT SIZE)
 From To
11 Inches **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)
6 5/8	3.7	.280	0	140

Perforations:
 Type perforation **SAW CUT**
 Size perforation **.188**

From **100** feet to **140** 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

9. WATER LEVEL
 Static water level **65** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **cold** °F Quality **good**

Date started **4/1/98**, 19____
 Date completed **4/1/98**, 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	.5	na	.50

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 **2301 Winery Road, Suite 2** Contractor
Pahrump, NV 89048

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 **2086**

Signed By driller performing actual drilling on-site or contractor
 Date **4.2.98**

