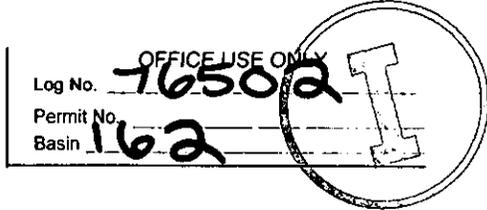


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



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. 18889

1. OWNER **Raymond & Donna Kellerman** ADDRESS AT WELL LOCATION **3921 S. National Ave**
 MAILING ADDRESS **3921 S. National Ave**
Pahrump, NV 89048

2. LOCATION **SE 1/4 SE 1/4 Sec. 31 T 20S N/S R 54E E Nye** County **Nye**
 PERMIT NO. **41-252-09** Parcel No. _____ Subdivision Name **Calvada Valley**

Issued by Water Resources _____

3. WORK PERFORMED
 New Well Replace Recondition Domestic
 Deepen Abandon Other _____ Municipal/Industrial Irrigation Test Monitor Stock

4. PROPOSED USE

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
brown silt		0	18	18
grey clay		18	20	2
brown caleche		20	27	7
See next line		27	52	25
brown clay with caleche strings				
See next line	x	52	78	26
grey clay with caleche strings				
green clay	x	78	110	32
brown loam	x	110	115	5
brown caleche	x	115	142	27
green clay	x	142	145	3
brown caleche	x	145	158	13
See next line	x	158	165	7
brown clay with caleche strings				
brown clay	x	165	170	5

8. WELL CONSTRUCTION
 Depth Drilled **170** Feet Depth Cased **170+1** Feet

HOLE DIAMETER (BIT SIZE)
 From To
11 Inches **0** Feet **170** 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	170

Perforations:
 Type perforation **sawcut**
 Size perforation **.188**

From **150** feet to **170** 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 **170** feet

9. WATER LEVEL
 Static water level **60** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **cool** °F Quality **good**

Date started **7/15/99**, 19____
 Date completed **7/15/99**, 19____

7. WELL TEST DATA

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

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 *Larry Strickland*
 By driller performing actual drilling on-site or contractor
 Date **8-7-99**

