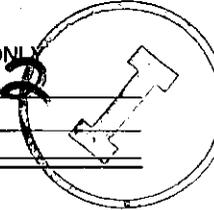


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 76882
 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. 19835

1. OWNER MADRID, JOHN ADDRESS AT WELL LOCATION 3211 W SILVER SAGE
 MAILING ADDRESS 3211 W SILVER SAGE
PAHRUMP, NV 89048

2. LOCATION SE 1/4 SE 1/4 Sec. 24 T 19S N/S R 52E E NYE County
 PERMIT NO. 27-731-64 MAJESTIC ESTATES Subdivision Name
Issued by Water Resources Parcel No.

3. WORK PERFORMED New Well Replace Recondition Deepen Abandon Other

4. PROPOSED USE Domestic Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE Cable Air Rotary RVC Other

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|----------|--------------|------|-----|-----------|
| CLAY | | 0 | 65 | |
| CALICHIE | WB | 65 | 74 | 9 |
| CLAY | | 74 | 84 | 10 |
| CALICHIE | WB | 84 | 100 | 16 |
| CLAY | | 100 | 112 | 12 |
| CALICHIE | WB | 112 | 126 | 14 |
| CLAY | | 126 | 134 | 8 |
| CALICHIE | WB | 134 | 140 | 6 |

8. WELL CONSTRUCTION

Depth Drilled 140 Feet Depth Cased 140 Feet

HOLE DIAMETER (BIT SIZE)

10.25 Inches From 0 Feet To 140 Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6.625</u> | <u>3.63</u> | <u>.280</u> | <u>0</u> | <u>140</u> |

Perforations:

Type perforation SAW CUT

Size perforation 1/8 X 3

From 100 feet to 140 feet

From _____ feet to _____ feet

From _____ feet to _____ feet

From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout

Depth of Seal 50

Placement Method: Pumped Poured

Gravel Packed: Yes No

From 50 feet to 140 feet

9. WATER LEVEL

Static water level 56 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 CO. OF NEVADA, INC. Contractor

Address P.O. BOX 4220 Contractor

PAHRUMP, NV. 89048

Nevada contractor's license number issued by the State Contractor's Board 47333

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1642

Signed Thomas Dan By driller performing actual drilling on-site or contractor

Date 10/7/99

Date started 9/27/99, 19
 Date completed 10/1/99, 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 type="checkbox"/> Air Lift | | | |

