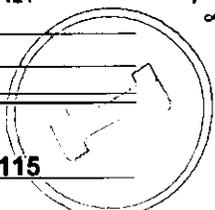


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. **97502**
 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. **29115**

1. OWNER **CHRISTOPHER SYMONS** ADDRESS AT WELL LOCATION **2030 E TRACI SYMONS**
 MAILING ADDRESS **2030 E TRACI ST**
PAHRUMP, NV

2. LOCATION **SW** 1/4 **NW** 1/4 Sec. **1** T **22S** N/S R **53E** E **NYE** County
 PERMIT NO. **41-381-20** CALVADA VALLEY UNIT 14
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	Thickness
SILT		0	2	2
CLAY & GRAVEL		2	25	23
CALICHE		25	31	6
CLAY & GRAVEL		31	120	89
CEMENTED SAND & GRAVEL	WB	120	130	10
CLAY & GRAVEL		130	140	10
CLAY & LAYERS CALICHE	WB	140	230	90
SAND & GRAVEL	WB	230	235	5
CLAY & LAYERS CALICHE	WB	235	300	65

DCNR/DWR RECEIVED
 OCT 18 2005
 LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled **300** Feet Depth Cased **300** Feet

HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **0** Feet **300** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	2.06	.236	0	300

Perforations:
 Type perforation **SAWCUT**
 Size perforation **1/8 X 3**

From _____	_____ feet to _____	_____ feet
From _____	_____ feet to _____	_____ feet
From _____	_____ feet to _____	_____ 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 **300** _____ feet

9. WATER LEVEL
 Static water level **98** _____ 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 **1426**

Signed *[Signature]*
 By driller performing actual drilling on-site or contractor
 Date **10/14/2005**

Date started **10/13/2005**, 19
 Date completed **10/13/2005**, 19

7. WELL TEST DATA

TEST METHOD:	G.P.M.		Time (Hours)
	_____	_____	
<input type="checkbox"/> Bailer	_____	_____	_____
<input type="checkbox"/> Pump	_____	_____	_____
<input type="checkbox"/> Air Lift	_____	_____	_____

Draw Down (Feet Below Static)