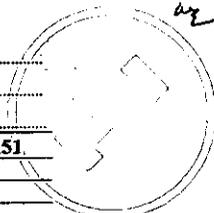


COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY
 Log No. 97755
 Permit No. _____
 Basin 102
 NOTICE OF INTENT NO. 29151



PRINT OR TYPE ONLY

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

1. OWNER Shawn Fidler
 MAILING ADDRESS _____

ADDRESS AT WELL LOCATION 1021 W. Francine St.

2. LOCATION SE 1/4 NE 1/4 Sec 32 T 19-S N R 53 E Nye County
 PERMIT NO. _____ 41-592-01 Golden Springs Ranch Ut: 7, Lot: 257

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
Well was cased from 0' to 180'				
Well was cemented down to 5' on outside of casing				
Well was cleaned out to 180' and ripped at 20' intervals to surface, to allow for neat cement to penetrate between casing and wall of original hole drilled, and inside of existing casing				
Well was plugged with a 9 sack mix of neat cement which is pumped from 180' to surface.				
Prior to plugging, well casing was cut off 8 ft. below ground level, and existing cement around casing was removed from 0' to 5'				
<u>Plugging of log # 94634</u>				

8. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
HOLE DIAMETER (BIT SIZE)			
From		To	
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Pt. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type perforation	Size perforation	From	feet to	feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal: 180 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

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

10. DRILLER'S CERTIFICATION
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DCNR/DWR
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LAS VEGAS OFFICE

(Rev 12/01)

USE ADDITIONAL SHEETS IF NECESSARY

7. WELL TEST DATE

Date started October 20, 20 05
 Date completed October 21, 20 05

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			

This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name JIM PIKE WELL DRILLING, LLC.
 Address P.O. BOX 56
PAHRUMP, NV. 89041
 Nevada contractor's license number issued by the State Contractor's Board 17563A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1324
 Signed _____
 By driller performing actual drilling on site or contractor
 Date November 15, 2005