

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. 28285

1. OWNER GARY Sue Murphy ADDRESS AT WELL LOCATION 7 miles N Caliente
 MAILING ADDRESS P.O. Box 1546 mile marker 99 US 93 # 4 Carigan Ave
Overton 89040
 2. LOCATION S/W 1/4 S/E 1/4 Sec. 11 T. 3 N. R. 67 E. Lincoln County
 PERMIT NO. 013-160-47 Carigan Division Name
 Issued by Water Resources Parcel No. _____

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
<u>Sandy-clay</u>		<u>0</u>	<u>20</u>	<u>20</u>
<u>Boulders Sand</u>		<u>20</u>	<u>65</u>	<u>45</u>
<u>gray-clay-boulders</u>	<input checked="" type="checkbox"/>	<u>65</u>	<u>165</u>	<u>100</u>
<u>Clay</u>		<u>165</u>	<u>170</u>	<u>5</u>

8. WELL CONSTRUCTION
 Depth Drilled 170 Feet Depth Cased 170 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 170 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 1/2</u>		<u>Jch 40</u>	<u>0</u>	<u>170</u>

Perforations:
 Type perforation 59w cut
 Size perforation 1 5/8 x 3 1/4
 From 70' feet to 110' feet
 From 130' feet to 170' feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50' Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 50' feet to 170 feet

9. WATER LEVEL
 Static water level 51 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 60k °F Quality good

Date started 5-1-06, 20
 Date completed 5-3-06, 20

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	<u>35</u>	<u>DCNR/DWR</u>	<u>RECEIVED</u>
			<u>MAY 5 2006</u>

LAS VEGAS OFFICE

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name DAVIS Drilling Pumps Contractor
 Address HC 61 Box 54 Contractor
Hiko NV 89017
 Nevada contractor's license number issued by the State Contractor's Board 0028966
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1191
 Signed Moh Dai
 By driller performing actual drilling on site or contractor
 Date 5-4-06