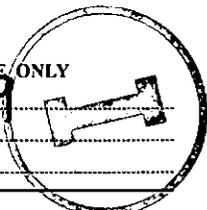


OFFICE USE ONLY
 Log No. **43009**
 Permit No. _____
 Basin. **162**



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 **12224**

1. OWNER **RON DUBE** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____ **HAFEN RANCH ROAD**
 _____ **PAHRUMP NV**

2. LOCATION **NW 1/4 NW 1/4 Sec 34 T21S N/S R. 54 E N/E** County _____
 PERMIT NO. _____ Parcel No. **45-461-04** Subdivision Name _____
 Issued by Water Resources _____

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
CLAY		0	8	8
CALICHIE		8	13	5
CLAY		13	21	8
CALICHIE		21	27	6
CLAY		27	36	9
CALICHIE		36	39	3
CLAY		39	54	15
CALICHIE		54	58	4
CLAY		58	69	11
CALICHIE		69	72	3
CLAY		72	85	13
CALICHIE	WB	85	92	7
CLAY		92	108	16
CALICHIE	WB	108	113	5
CLAY		113	126	13
CALICHIE	WB	126	130	4
CLAY		130	141	11
CALICHIE	WB	141	143	2
CLAY		143	159	16
CALICHIE	WB	159	162	3
CLAY		162	165	3
GRAVEL	WB	165	180	15
		180		180

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8. WELL CONSTRUCTION
 Depth Drilled **180** Feet Depth Cased **180** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12.25 Inches **0** Feet **180** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8.5	16.9	1.88	0	180

Perforations:
 Type perforation **FACTORY SAW CUT**
 Size perforation **1 1/8 x 3"**
 From _____ feet to _____ feet
 From **160** feet to **180** 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

Date started **8-20-93**, 19_____
 Date completed **8-22-93**, 19_____
 7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL
 Static water level **90** 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., INC.** Contractor
 Address **HER 78 BOX 80758** Contractor
PAHRUMP NV 89041
 Nevada contractor's license number issued by the State Contractor's Board **30880**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1642**
 Signed **Thomas D...**
 By driller performing actual drilling on site or contractor
 Date **10-13-93**

