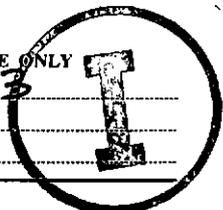


OFFICE USE ONLY
 Log No. 43303
 Permit No. _____
 Basin 162



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. 12254

1. OWNER M. D. DREXLER ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____ LOT 15 HWY 160
 _____ PAHRUMP NV
 2. LOCATION SW 1/4 SE 1/4 Sec 34 T 19S N/S R 53 E NYE County _____
 PERMIT NO. 27-401-34 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
SANDY DIRT		0	4	4
CLAY COBBLES		4	22	18
COBBLES SAND		22	43	21
CALICHIE		43	49	6
CEMENTED		49	77	28
CONGLOMERATE ROCK		77	77	
CALICHIE	TR	77	79	2
CLAY		79	89	10
CALICHIE	WB	89	93	4
CLAY		93	99	6
CALICHIE	WB	99	102	3
CLAY		102	110	8
CALICHIE	WB	110	118	8
CLAY		118	126	8
CALICHIE	WB	126	144	18
CEMENTED ROCK		144	154	10
CLAY		154	160	6
		160		160

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet

HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 160 Feet
12.25 Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
85\8	16.9	.188	0	160

Perforations:
 Type perforation FACTORY SAW CUT
 Size perforation 1\8 X 3"
 From 140 feet to 160 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 160 feet

9. WATER LEVEL
 Static water level 80 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 10-4-93, 19____
 Date completed 10-8-93, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

RECEIVED
 NOV 12 1993
 Div. of Water Resources
 Branch Office - Las Vegas, NV

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 HCR 78 BOX 80358 Contractor
PAHRUMP NV 89041
 Nevada contractor's license number 30880 issued by the State Contractor's Board
 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 10-23-93

