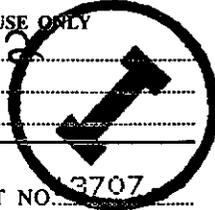


OFFICE USE ONLY
 Log No. 45582
 Permit No. _____
 Basin. 162



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. 3707

1. OWNER RANDY WERNER ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____ LOT 1 MANSE
 _____ PAHRUMP NV 89041
 2. LOCATION NE 1/4 NW 1/4 Sec. 11 T. 21S N/S R. 53 E. NYE County
 PERMIT NO. _____ NYE CREST ESTATES
 Issued by Water Resources 44-471-08 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	Thick-ness
CLAY		0	6	6
CALICHIE		6	8	2
CLAY		8	17	9
CALICHIE		17	20	3
CLAY		20	38	18
CALICHIE		38	41	3
CLAY		41	50	9
CALICHIE		50	54	4
CLAY		54	74	20
CALICHIE	WB	74	77	3
CLAY		77	91	14
CALICHIE	WB	91	94	3
CLAY		94	103	9
CALICHIE	WB	103	105	2
CLAY		105	116	11
CALICHIE	WB	116	121	5
CLAY		121	132	11
CALICHIE	WB	132	135	3
CLAY		135	140	5
		140		140

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 140 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	140

 Perforations:
 Type perforation FACTORY SAW CUT
 Size perforation 1\8 X 3"
 From 100 feet to 120 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 140 feet

9. WATER LEVEL
 Static water level 56 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

7. WELL TEST DATA
 TEST METHOD: Bailer Pump Air Lift

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

 Date started _____ 19_____
 Date completed 7-15-94 _____ 19_____
7-15-94

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.
 Address HCR 78 BOX 80358
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 [Signature]
 By driller performing actual drilling on site or contractor
 Date 8-26-94

RECEIVED
 SEP 07 1994
 Div. of Water Resources
 Branch Office - Las Vegas, NV