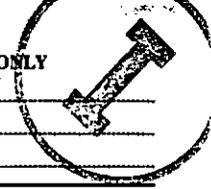


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. **49506**
 Permit No. _____
 Basin **163**



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. **16465**

1. OWNER **RANDY IM HAUSEN** ADDRESS AT WELL LOCATION **PRINCE AVE + JR. EWING TRAIL SANDY VALLEY NV.**
 MAILING ADDRESS _____
 2. LOCATION **NE 1/4 SW 1/4 SE 1/4 Sec. 9 T. 25 N/S R. 57 E CLARK** County
 PERMIT NO. **590-390-022** 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 _____

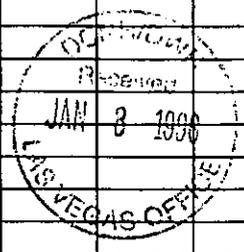
6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SANDY LOAM		0	6	6
CLAY		6	30	24
CLAY + GRAVEL		30	55	25
CEMENTED SAND + GRAVEL		55	58	3
SAND + GRAVEL	W.B.	58	65	7
CLAY + GRAVEL		65	70	5
SAND + GRAVEL	W.B.	70	120	50

8. WELL CONSTRUCTION
 Depth Drilled **120** Feet Depth Cased **120** Feet
 HOLE DIAMETER (BIT SIZE)
 From **12 1/4** Inches To **120** Feet
 _____ 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)
8 7/8	16.94	.188	0	120

Perforations:
 Type perforation **FACTORY SAW CUT**
 Size perforation **4 INCH BY 3 INCH**
 From **120** feet to **100** 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 **120** feet to **50** feet



Date started **10-23** 19 **95**
 Date completed **10-28** 19 **95**

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 type="checkbox"/> Air Lift			

9. WATER LEVEL
 Static water level: **53** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COOL** °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 **BUDGET DRILLING CO.** Contractor
 Address **P.O. BOX 3505 PAHRUMP NV. 89041** Contractor
 Nevada contractor's license number **40020** issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: **1523**
 Signed **Amie Brown**
 By driller performing actual drilling on site or contractor
 Date **10-29-95**