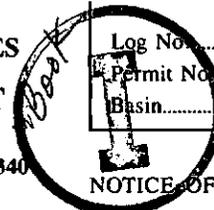


PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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



Log No. 50958
 Permit No. _____
 Basin _____
 NOTICE OF INTENT NO. 15029

1. OWNER Norman Grothe ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____ 1730 E. BANK

2. LOCATION NE 1/4 SE 1/4 Sec. 11 T. 21 S N/S R. 53 E Nye County
 PERMIT NO. 44-321-01 Joycelyn 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
Clay		0	5	5
Caliche		5	7	2
Clay		7	16	9
Caliche		16	19	3
Clay		19	27	8
Caliche		27	31	4
Clay		31	36	5
Caliche		36	39	3
Clay		39	51	12
Caliche	WB	51	54	3
Clay		54	67	13
Caliche	WB	67	69	2
Clay		69	76	7
Caliche	WB	76	78	2
Clay		78	89	11
Caliche	WB	89	92	3
Clay		92	106	14
Caliche	WB	106	108	2
Clay		108	117	9
Caliche	WB	117	119	2
Clay		119	128	9
Caliche	WB	128	130	2
Clay		130	137	7
Caliche	WB	137	140	3

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet

HOLE DIAMETER (BIT SIZE)
 From 0 To 140
0 Inches 0 Feet 140 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8.75</u>	<u>16.94</u>	<u>.188</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation Factory Saw Cut
 Size perforation 1/8" x 3/8"

From _____ feet to _____ feet
 From 100 feet to 120 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

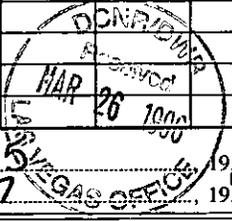
Depth of Seal 50

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 50 feet to 140 feet

9. WATER LEVEL
 Static water level 31 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started February 15
 Date completed February 17



7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

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 Contractor
 Address P.O. Box 4220 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 1642
 Division of Water Resources, the on-site driller

Signed Thomas D...
 By driller performing actual drilling on site or contractor
 Date 3-18-96