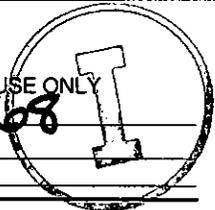


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. **64368**
 Permit No. _____
 Basin **1102**



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. **15457**

1. OWNER **O'DONNELL, THOMAS** ADDRESS AT WELL LOCATION **280 S PROVIDENCE**
 MAILING ADDRESS **280 S PROVIDENCE**
PAHRUMP, NV 89048

2. LOCATION **SW** 1/4 **NE** 1/4 Sec. **18** T **20S** N/S R **53E** E **NYE** County
 PERMIT NO. **36-172-02** 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
CLAY & CALICHIE		0	67	67
CALICHIE	WB	67	74	7
CLAY		74	85	11
CALICHIE	WB	85	96	11
CLAY		96	106	10
CALICHIE	WB	106	117	11
CLAY		117	127	10
CALICHIE	WB	127	140	13

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

HOLE DIAMETER (BIT SIZE)
 From **12.25** Inches To **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)
8.625	16.94	.188	0	140

Perforations:
 Type perforation **FACTORY SAW CUT**
 Size perforation **1/8 X 3**

From	feet to	feet
100	120	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 **49** feet below land surfac
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **3/31/97** _____ 19____
 Date completed **4/4/97** _____ 19____

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 Co.** Contractor
 Address **PO BOX 4220** 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 Don*
 By driller performing actual drilling on-site or contractor
 Date **4-7-97**

