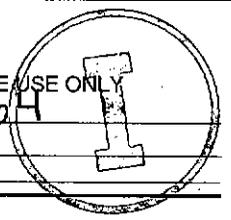


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 6776H
 Permit No. _____
 Basin 162



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. 16319

1. OWNER JORGENSEN, ROBERTA ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 4761 S. MANKINS 4761 S. MANKINS
PAHRUMP, NV 89041
 2. LOCATION NW 1/4 SE 1/4 Sec. 2 T 21S N/S R 53E E NYE County _____
 PERMIT NO. _____ Parcel No. _____ Subdivision Name _____
 Issued by Water Resources _____

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

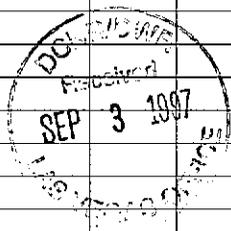
| Material | Water Strata | From | To | Thick-ness |
|----------------|--------------|------|-----|------------|
| CLAY & CALICHE | | 0 | 65 | 65 |
| CALICHE | WB | 65 | 74 | 9 |
| CLAY | | 74 | 88 | 14 |
| CALICHE | WB | 88 | 96 | 8 |
| CLAY | | 96 | 115 | 19 |
| CALICHE | WB | 115 | 124 | 9 |
| CLAY | | 124 | 133 | 9 |
| CALICHE | WB | 133 | 140 | 7 |

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12.25 Inches 0 Feet 140 Feet
 To _____ 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 100 feet to 120 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 _____

Date started 8/18/97, 19_____
 Date completed 8/22/97, 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 Dan
 By driller performing actual drilling on-site or contractor
 Date 8/22/97

