

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

OFFICE USE ONLY
 Log No. **69748**
 Permit No. _____
 Basin **236**

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. **17193**

1. OWNER **HART** ADDRESS AT WELL LOCATION **AMARGOSA VALLEY**
 MAILING ADDRESS **AMARGOSA, NV**

2. LOCATION **SE** 1/4 **NW** 1/4 Sec. **12** T **17S** N/S R **48E** E **NYE** County
 PERMIT NO. **19-621-17** 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	60	60
CALICHIE	WB	60	71	11
LIMESTONE		71	80	9
CALICHIE	WB	80	85	5
LIMESTONE	WB	85	100	15
CALICHIE	WB	100	108	8
SANDSTONE	WB	108	122	14
CALICHIE	WB	122	140	18

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

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

CASING SCHEDULE

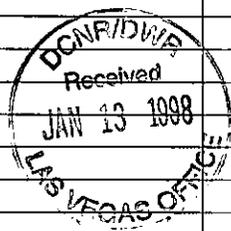
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8.625	16.94	.188	0	140

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

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



Date started **12/11/97** _____, 19
 Date completed **12/12/97** _____, 19

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)		
	G.P.M.	Time (Hours)	
<input type="checkbox"/> Bailer			
<input type="checkbox"/> Pump			
<input type="checkbox"/> Air Lift			

9. WATER LEVEL
 Static water level **60** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °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 **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 D...*
 By driller performing actual drilling on-site or contractor
 Date **12/12/97**

KC