

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

OFFICE USE ONLY
 Log No. **70529**
 Permit No. **162**
 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. **17538**

1. OWNER **SAMANTHA FREED** ADDRESS AT WELL LOCATION **3321 CHARLESTON PARK**
 MAILING ADDRESS **3321 CHARLESTON PARK PAHRUMP, NV 89048**

2. LOCATION **NW 1/4 NE 1/4 Sec. 24 T 20S** N/S **R 52E E NYE** County **CHARLESTON PARK**
 PERMIT NO. **28-771-11** 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 RV
 Air Other

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|----------------|--------------|------|-----|-----------|
| CLAY & CALICHE | | 0 | 64 | 64 |
| CALICHE | WB | 64 | 73 | 9 |
| CLAY | | 73 | 89 | 16 |
| CALICHE | WB | 89 | 98 | 9 |
| CLAY | | 98 | 110 | 12 |
| CALICHE | WB | 110 | 123 | 13 |
| CLAY | | 123 | 132 | 9 |
| CALICHE | WB | 132 | 140 | 8 |

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

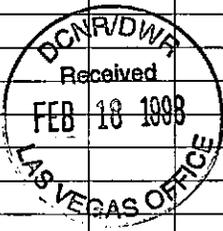
| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| 8.625 | 16.94 | .188 | 0 | 140 |

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

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

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** f



9. WATER LEVEL
 Static water level **53** feet below land surf
 Artesian flow _____ G.P.M. _____ P
 Water temperature _____ °F Quality _____

Date started **2/2/98**, 19
 Date completed **2/6/98**, 19

7. WELL TEST DATA

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

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 Dew*
 By driller performing actual drilling on-site or contractor
 Date **2/6/98**