

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

OFFICE USE ONLY
 Log No. **75135**
 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. **18710**

1. OWNER **FREHNER, DUANE** ADDRESS AT WELL LOCATION **5252 S HAFEN RANCH ROAD**
 MAILING ADDRESS **5252 S HAFEN RANCH ROAD**
PAHRUMP, NV 89048

2. LOCATION **NE** 1/4 **NE** 1/4 Sec. **9** T **21S** N/S R **54E** E **NYE** County
 PERMIT NO. **45-101-01** 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 |
|--------------------------|--------------|------------|------------|------------|
| SAND & GRAVEL | | 0 | 120 | |
| GRAVEL | WB | 120 | 135 | 15 |
| CLAY | | 135 | 151 | 16 |
| CALICHIE | WB | 151 | 165 | 14 |
| CLAY | | 165 | 194 | 29 |
| GRAVEL | WB | 194 | 220 | 26 |
| CLAY | | 220 | 235 | 15 |
| GRAVEL | WB | 235 | 250 | 15 |

8. WELL CONSTRUCTION
 Depth Drilled **250** Feet Depth Cased **250** Feet

HOLE DIAMETER (BIT SIZE)
10.25 Inches From **0** Feet To **250** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| 6.625 | 3.63 | .280 | 0 | 250 |

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

From **210** feet to **250** 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 **250** feet

9. WATER-LEVEL
 Static water level **76** 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. OF NEVADA, INC.** Contractor
 Address **P.O. BOX 4220** Contractor
PAHRUMP, NV. 89048
 Nevada contractor's license number issued by the State Contractor's Board **47333**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1642**
 Signed *Thomas Duane*
 By driller performing actual drilling on-site or contractor
 Date **4/12/99**

Date started **4/5/99**, 19____
 Date completed **4/9/99**, 19____

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Bailer Draw Down (Feet Below Static) | Pump | Air Lift | Time (Hours) |
|--------------|--------|--|------|----------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

