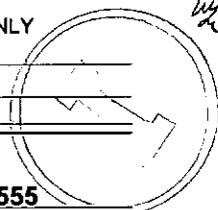


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. **97486**
 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. **28555**

1. OWNER **GARY ODEN** ADDRESS AT WELL LOCATION **4761 E ASHLEY**
 MAILING ADDRESS **4761 E ASHLEY**
PAHRUMP, NV

2. LOCATION **NE** 1/4 **SW** 1/4 Sec. **29** T **21S** N/S R **54E** E **NYE** County
 PERMIT NO. **45-332-08** **GREEN SADDLE RANCH**
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		0	3	3
CLAY		3	14	11
CALICHE		14	21	7
CLAY		21	46	25
CALICHE		46	53	7
CLAY		53	80	27
CALICHE	WB	80	95	15
CLAY		95	126	31
CALICHE	WB	126	131	5
CLAY		131	165	34
CALICHE	WB	165	169	4
CLAY		169	205	36
CALICHE		205	210	5
CLAY		210	254	44
CALICHE	WB	254	261	7
CLAY		261	290	29
CALICHE	WB	290	300	10

DCNR/DWR
RECEIVED

OCT 25 2005

LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled **300** Feet Depth Cased **300** Feet

HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **0** Feet **300** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	3.63	.250	0	300

Perforations:
 Type perforation **SAWCUT**
 Size perforation **1/8 X 3**

From	To
120 feet to	140 feet
160 feet to	180 feet
200 feet to	220 feet
240 feet to	260 feet
260 feet to	300 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 **300** feet

Date started **10/4/2005**, 19____
 Date completed **10/4/2005**, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL
 Static water level **65** 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 **1426**
 Signed _____
By driller performing actual drilling on-site or contractor
 Date **10/18/2005**