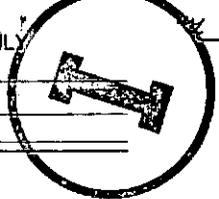


OFFICE USE ONLY
 Log No. 101015
 Permit No. _____
 Basin 162



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 30396

1. OWNER HERMAN HAGEN ADDRESS AT WELL LOCATION 570 N LESLIE
 MAILING ADDRESS 570 N LESLIE
PAHRUMP, NV

2. LOCATION SE 1/4 NE 1/4 Sec. 7 T 20S N/S R 53E E NYE County
 PERMIT NO. 36-161-18 J LAWRENCE PROPERTY
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		0	74	74
CALICHE	WB	74	81	7
CLAY		81	111	30
CALICHE	WB	111	114	3
CLAY		114	136	22
CALICHE	WB	136	147	11
CLAY		147	173	26
CALICHE	WB	173	181	8
CLAY		181	200	19

DCNR/DWR RECEIVED
 OCT 13 2006
 LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet
 From 0 Feet To 200 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	3.63	.250	0	200

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

From 140 feet to 200 feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal 50
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout

Gravel Packed: Yes No
 From 50 feet to 200 feet

9. WATER LEVEL
 Static water level 57 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 1220 E MANSE RD 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 [Signature]
 By driller performing actual drilling on-site or contractor
 Date 10/11/2006

Date started 10/10/2006 19____
 Date completed 10/10/2006 19____

7. WELL TEST DATA

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