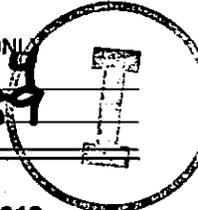


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 76959
 Permit No. 24689
 Basin 162



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

NOTICE OF INTENT NO. 19213

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **TERRIBLE HERBST LAKESIDE** ADDRESS AT WELL LOCATION **HOMESTEAD ROAD**
 MAILING ADDRESS **HOMESTEAD ROAD**
PAHRUMP, NV 89048

2. LOCATION **SE 1/4 SE 1/4 Sec. 12 T 21S** N/S R **53E E NYE** County
 PERMIT NO. **24689** **44-531-05** 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		200	225	
CALICHIE	WB	225	238	13
CLAY		238	250	12
CALICHIE	WB	250	265	15
CLAY		265	275	10
CALICHIE	WB	275	305	30
CLAY		305	320	15
CALICHIE	WB	320	342	22
CLAY		342	360	18
CALICHIE	WB	360	375	15
CLAY		375	387	12
CALICHIE	WB	387	400	13

SEALED WELL WITH BENTONITE PELLETS FROM 240 TO 250
 SEALED WELL WITH A MIXTURE 50/50 PEA GRAVEL AND BENTONITE PELLETS FROM 240 TO SURFACE.

*SEALED OFF TOP 250 FT
 BAD WATER*

8. WELL CONSTRUCTION
 Depth Drilled **400** Feet Depth Cased **400** Feet

HOLE DIAMETER (BIT SIZE)
7.875 Inches From **200** Feet To **400** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.950	2.39	.248	0	400

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

From	300	feet to	380	feet
From		feet to		feet
From		feet to		feet
From		feet to		feet
From		feet to		feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

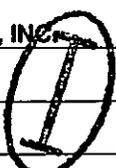
Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **250** feet to **400** feet

9. WATER LEVEL
 Static water level **54** 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 D...*
 By driller performing actual drilling on-site or contractor
 Date **10/7/99**



Date started **10/4/99**, 19____
 Date completed **10/5/99**, 19____

7. WELL TEST DATA

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