

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 92507
 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. 26084

1. OWNER LARRY EHNERT
 MAILING ADDRESS 5351 N. LINDA ST.
PAHRUMP, NV

ADDRESS AT WELL LOCATION 5351 N. LINDA ST

2. LOCATION NW 1/4 SW 1/4 Sec. 16 T 19 N/S R 53 E NYE County

PERMIT NO. _____ Parcel No. 29-255-06 THE COUNTRY PLACE II UNIT 2
Issued by Water Resources 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	Thickness
CLAY		0	14	14
CALICHE		14	21	7
CLAY		21	45	24
CALICHE		45	55	10
CLAY		55	68	13
CALICHE		68	78	10
CLAY		78	100	22
CALICHE	WB	100	115	15
CLAY		115	125	10
CALICHE	WB	125	137	12
CLAY		137	150	13
CALICHE	WB	150	174	24
CLAY		174	180	6

DCNR/DWR
RECEIVED
MAR 23 2004
LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 180 Feet Depth Cased 180 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet
 From 0 Feet To 180 Feet
 From _____ Inches To _____ Feet
 From _____ Inches To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>	<u>3.63</u>	<u>.250</u>	<u>0</u>	<u>180</u>

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

From _____	_____ feet to _____	_____ feet
From _____	_____ feet to _____	_____ feet
From _____	_____ feet to _____	_____ feet
From _____	_____ feet to _____	_____ 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 180 feet

9. WATER LEVEL
 Static water level 82 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 3/15/2004, 19
 Date completed 3/19/2004, 19

7. WELL TEST DATA

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

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. 89046

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 2063

Signed Ron Torsky
 By driller performing actual drilling on-site or contractor

Date 3/19/2004