

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. **31222**

1. OWNER **BRENT JONES** ADDRESS AT WELL LOCATION **2551 AMBLER WAY**
 MAILING ADDRESS **2551 AMBLER WAY**
PAHRUMP, NV

2. LOCATION **NE** 1/4 **SW** 1/4 Sec. **19** T **19S** N/S R **53E** E **NYE** County
 PERMIT NO. _____ Parcel No. **29-444-05** Subdivision Name **VALLEY VIEW ACRES**
Issued by Water Resources

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
EXISTING 8" STEEL				
100'				
CALICHE	WB	100	120	20
CLAY		120	135	15
CALICHE	WB	135	146	11
CLAY		146	170	24
CALICHE	WB	170	178	8
CLAY		178	190	12
CALICHE	WB	190	200	10
WGS84				
N 36 DEGREES 17.021				
W 116 DEGREES 03.644				

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

HOLE DIAMETER (BIT SIZE)
 From **0** Feet To **100** Feet
 EXISTING 8 Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	2.36	.248	0	200

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

From	To
100 feet	120 feet
140 feet	160 feet
180 feet	200 feet
_____ feet	_____ feet
_____ feet	_____ feet

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

Gravel Packed: Yes No
 From **100** feet to **200** feet

DCNR/DWR
 RECEIVED
 SEP 19 2007
 LAS VEGAS, NEVADA

Date started **9/5/2007**, 19____
 Date completed **9/5/2007**, 19____

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level **68** 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 **1426**
 Signed _____ By driller performing actual drilling on-site or contractor
 Date **9/10/2007**