

PRINT OR TYPE ONLY
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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. **31227**

1. OWNER **SHAHNAZ AZADMANESH** ADDRESS AT WELL LOCATION **6480 S SURREY LANE**
MAILING ADDRESS **6480 S SURREY LANE**
PAHRUMP, NV

2. LOCATION SW 1/4 NW 1/4 Sec. 13 T 21S N/S R 53E E NYE COUNTY County
PERMIT NO. _____ PARCEL NO. **44-583-11** **CONESTOGA COUNTY ESTATES** Subdivision Name

3. WORK PERFORMED: New Well, Replace, Recondition, Deepen, Abandon, Other _____
4. PROPOSED USE: Domestic, Municipal/Industrial, Irrigation, Monitor, Test, Stock
5. WELL TYPE: Cable, Rotary, RVC, Air, Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CLAY & CALICHE		0	115	115
CALICHE	WB	115	121	6
CLAY		121	136	15
CALICHE	WB	136	147	11
CLAY		147	163	16
CALICHE	WB	163	200	37
WGS84				
N 36 DEGREES 07.497				
W 115 DEGREES 58.420				

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 160 feet to 200 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 50 feet to 200 feet

9. WATER LEVEL
Static water level 62 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

Date started 10/1/2007, 19____
Date completed 10/1/2007, 19____

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 **10/2/2007**

7. WELL TEST DATA

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