

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. **32665**

1. OWNER **MERL SCHWARTZWALTER**
MAILING ADDRESS **1581 S SILVER PEAK AVE.**
PAHRUMP, NV

ADDRESS AT WELL LOCATION **1581 S SILVER PEAK**

2. LOCATION **NW** 1/4 **SW** 1/4 Sec. **21** T **20S**
PERMIT NO. **39-101-05**
Issued by Water Resources Parcel No.

N/S R **53E** E **NYE** County
CALVADA VALLEY UNIT 8B
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	75	75
CALICHE	WB	75	77	2
CLAY		77	123	46
CALICHE	WB	123	145	22
CLAY		145	160	15
CALICHE	WB	160	184	24
CLAY		184	200	16

WGS84
N 36 DEGREES 11.786
WEST 116 DEGREES 01.679

8. WELL CONSTRUCTION

Depth Drilled **200** Feet Depth Cased **200** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
10	0	200		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	3.63	.280	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 Seal Type:
Depth of Seal **50** Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From **50** feet to **200** feet

9. WATER LEVEL
Static water level **55** 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**

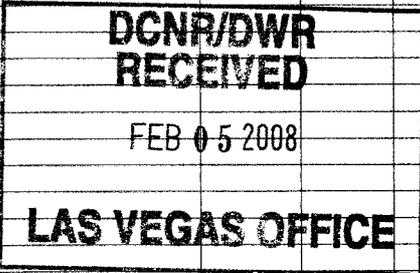
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1642**

Signed *Thomas Dan*
By driller performing actual drilling on-site or contractor

Date **2/1/2008**

7. WELL TEST DATA

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



Date started **1/31/2008**, 19
Date completed **2/1/2008**, 19