

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 107187
 Permit No. _____
 Basin 162

WELL DRILLER'S REPORT

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 32672

1. OWNER **HEBERT ANDERSON** ADDRESS AT WELL LOCATION **290 E FALCON ST**
 MAILING ADDRESS **290 E FALCON ST**
PAHRUMP, NV

2. LOCATION **SE** 1/4 **SW** 1/4 Sec. **34** T **20S** N/S R **53E** E **NYE** County
 PERMIT NO. _____ Parcel No. **40-701-14** **CALVADA VALLEY UNIT 4A** 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	12	12
CALICHE		12	28	16
CLAY		28	65	37
CALICHE		65	74	9
CLAY		74	90	16
CALICHE	WB	90	102	12
CLAY		102	116	14
CALICHE	WB	116	125	9
CLAY		125	145	20
CALICHE	WB	145	165	20
CLAY		165	178	13
CALICHE	WB	178	190	12
CLAY		190	200	10

WGS84
 N 36 DEGREES 09.820
 W 116 DEGREES 00.480

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

HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **0** Feet **200** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

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 **SAWWUT**
 Size perforation **1/8 X 3**

From _____	feet to 140	feet to 200	feet
From _____	feet to _____	feet to _____	feet
From _____	feet to _____	feet to _____	feet
From _____	feet to _____	feet to _____	feet
From _____	feet to _____	feet to _____	feet

Surface Seal: Yes No
 Depth of Seal **50**
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout

Gravel Packed: Yes No
 From **50** feet to **200** feet

9. WATER LEVEL
 Static water level **78** 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 *[Signature]*
 By driller performing actual drilling on-site or contractor
 Date **11/18/2008**

7. WELL TEST DATA

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

DCNR/DWR RECEIVED
 NOV 20 2008
LAS VEGAS OFFICE