

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 108726
 Permit No. _____
 Basin _____

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. 33167A

1. OWNER **SHIRLEY MORRIS** ADDRESS AT WELL LOCATION **681 BIG 5 RD.**
 MAILING ADDRESS **681 BIG 5 RD.**
PAHRUMP, NV

2. LOCATION **NE 1/4 SE 1/4 Sec. 16 T 20S** N/S R **53E E NYE** County
 PERMIT NO. **35-353-20** **BOLLING GREEN ACRES**
Issued by Water Resources Parcel No. Subdivision Name

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

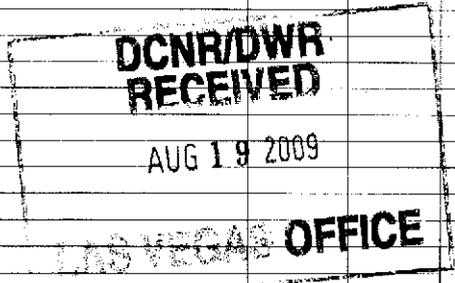
6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
WHILE DEEPENING WELL CASING CAME APART. COULD NOT GET DOWN PAST 110FT. PREF WELL FROM 50 TO 110' PUMP GROUT FROM 110 TO SURFACE WITH 1 1/4" TRIMIE LINE & GROUT PUMP.				
EXISTING 140FT 8" STELL WELL				
N 36° 12' 35.4"				
W 116° 01' 04.9"				
WAIVER # R1456A				

8. WELL CONSTRUCTION
 Depth Drilled **EXISTING** Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
EXST 8" Inches From _____ Feet To _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
EXT 8"				

 Perforations:
 Type perforation **AIR PREFORATE**
 Size perforation
 From _____ **50** feet to _____ **110** feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal **EXISTING** Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet



Date started **6/9/2009**, 19
 Date completed **6/9/2009**, 19

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level **36** 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 **6/12/2009**