

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 110211
 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. 33202

1. OWNER **MARK & KYRA THIBODEAU**
 MAILING ADDRESS **3025 BROWNBIRDS NEST DR
 HENDERSON, NV 89052**

ADDRESS AT WELL LOCATION **1241 W DONNER ST**

2. LOCATION **SE 1/4 NE 1/4 Sec. 17 T 20S**
 PERMIT NO. **36-303-06**
Issued by Water Resources Parcel No.

N/S R 53E E NYE County
CAL VEGAS RANCHOS
Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

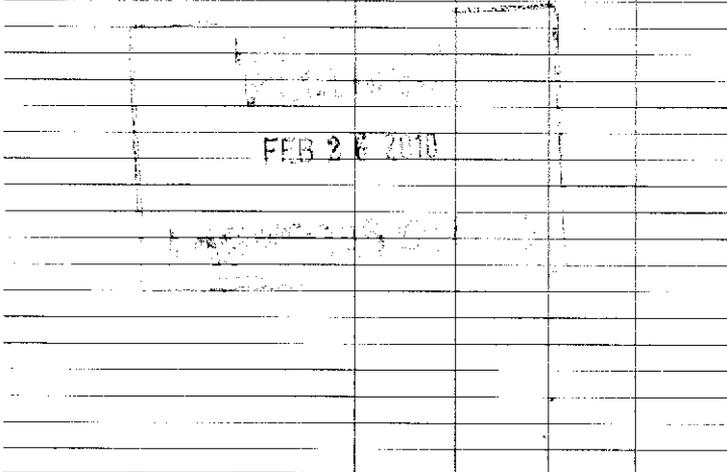
4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CLAY		0	12	12
CALICHIE		12	28	16
CLAY		28	56	28
CALICHIE		56	81	25
CLAY		81	105	24
CALICHIE	WB	105	120	15
CLAY		120	138	18
CALICHIE		138	160	22
CLAY		160	178	18
CALICHIE	WB	178	195	17
CLAY		195	200	5

N36°12'47.0"
 W116°02'11.2"



Date started 2/22/2010, 19
 Date completed 2/22/2010, 19

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)	

8. WELL CONSTRUCTION

Depth Drilled 200 Feet Depth Cased 200 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 Inches To 0 Feet
 From 0 Feet To 200 Feet
 From _____ Inches To _____ Feet
 From _____ Inches To _____ 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 **SAW**
 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 64 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 **2/25/2010**