

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. **110212**
 Permit No. _____
 Basin _____

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. **33203**

1. OWNER **DREAM BIG TOO LLC**
 MAILING ADDRESS **1730 N LELSIE ST**
PAHRUMP, NV 89060

ADDRESS AT WELL LOCATION **2520 W TONYA DR**

2. LOCATION **NE 1/4 NW 1/4 Sec. 30 T 19S**
 PERMIT NO. _____
 Issued by Water Resources
29-462-11
 Parcel No.

N/S R 53E E NYE County
VALLEY VIEW ACRES
 Subdivision Name

3. WORK PERFORMED
 New Well
 Deepen
 Replace
 Abandon
 Recondition
 Other

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

5. WELL TYPE
 Cable
 Air
 Rotary
 RVC
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
SANDY CLAY & GRAVEL	WB	100	200	100
EXISTING 6" WELL 100 FT				
N 36° 16' 36.0"				
W 116° 03' 37.5"				
FEB 26 2010				

8. WELL CONSTRUCTION

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

HOLE DIAMETER (BIT SIZE)

	From	To
5 7/8 Inches	100 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)
4"	2.06	.237	0	200

Perforations:
 Type perforation **SAW**
 Size perforation **1/8 x 3**

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

Surface Seal: Yes No
 Depth of Seal **EXISTING**
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level **60** 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

Date started **2/23/2010**, 19____
 Date completed **2/23/2010**, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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 _____
 By driller performing actual drilling on-site or contractor
 Date **2/25/2010**