

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. 35425

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **OSCAR & ANGELITA FRANCO**
 MAILING ADDRESS **1580 E KEENAN WY**
PAHRUMP, NV 89048

ADDRESS AT WELL LOCATION **1580 E KEENAN WY**

2. LOCATION **SW** 1/4 **SE** 1/4 Sec. **14** T **21**
 PERMIT NO. **44-742-11**
Issued by Water Resources Parcel No.

N53R 53 E **NYE** County
UNIT 2 MESA OESTE ESTATES
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
EXISTING CLAY		0	140	140
CALICHIE CLAY	WB	140	145	5
CALICHIE CLAY	WB	145	155	10
CALICHIE CLAY	WB	155	175	20
CALICHIE CLAY	WB	175	180	5
CALICHIE CLAY	WB	180	195	15
CALICHIE CLAY	WB	195	202	7
CALICHIE CLAY	WB	202	212	10
CALICHIE CLAY	WB	212	225	13
CALICHIE CLAY	WB	225	240	15

N36°07'77.8"
 W115°58'57.5"

EXISTING 8" STEEL

orig log 35688

DCNR/DWR
 RECEIVED

JUL 19 2010

LAS VEGAS OFFICE

Date started **7/15/2010**, 19
 Date completed **7/15/2010**, 19

7. WELL TEST DATA

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

8. WELL CONSTRUCTION

Depth Drilled **240** Feet Depth Cased **8** Feet

HOLE DIAMETER (BIT SIZE)

From	To
EXISTING 0	140
7-7/8 140	240

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8"	16.97	.188	0	140
4.5	2.37	.248	140	240

Perforations:
 Type perforation **SAW**
 Size perforation **1/8x3**
 From **140** feet to **240** feet
 From _____ 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 **140** feet to **240** feet

9. WATER LEVEL

Static water level **130** 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 **7/16/2010**