

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

OFFICE USE ONLY
 Log No. **111877**
 Permit No. _____
 Basin **230**

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. **33219**

1. OWNER **DEGROOT, ES & KATHLEEN**
 MAILING ADDRESS **PO BOX 70**
AMARGOSA, NV 89020

ADDRESS AT WELL LOCATION **869 E MECA RD MW-4**
Mecca **D88**
 N/S R **49** E
NYE County

2. LOCATION **SW** 1/4 **SE** 1/4 Sec. **4** T **17**
 PERMIT NO. **19-381-04**
 Issued by Water Resources Parcel No. 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
SILTY GRAVEL		0	15	15
SAND & GRAVEL		15	30	15
CEMENTED SAND & GRAVEL		30	60	30
CALICHIE		60	90	30
CEMENTED GRAVEL		90	120	30
SAND & GRAVEL	WB	120	140	20
SANDY CLAY		140	150	10
SAND & GRAVEL		150	160	10

FACILITY ID # **NV0023027**

N36°29'42.69
W116°27'27.42"

CONCRETE:0-10
 NEAT:10-87
 BENTONITE:87-97

DCNR/DWR
 RECEIVED

JUN 28 2010

LAS VEGAS OFFICE

Date started **5/24/2010**, 19
 Date completed **5/26/2010**, 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 **160** Feet Depth Cased **4** **149** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
8 3/4 Inches	0 Feet	160 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4	2.06	.237	0	149

Perforations:
 Type perforation **SCREEN**
 Size perforation **.020**
 From **109** feet to **149** feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal **97**
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From **97** feet to **149** feet

9. WATER LEVEL
 Static water level **112** 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 _____
 By driller performing actual drilling on-site or contractor

Date **6/22/2010**