

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. 35437

1. OWNER **GREGORY DANN** ADDRESS AT WELL LOCATION **2350 W DYER CT**
 MAILING ADDRESS **2221 WINDSONG LN**
PAHRUMP, NV 89048

2. LOCATION **NW** 1/4 **NE** 1/4 Sec. **18** T **20** **NS**R **53** E **NYE** County
 PERMIT NO. **36-172-17** Parcel No. _____ Subdivision Name _____
Issued by Water Resources

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 |
|----------|--------------|------|-----|------------|
| SILT | | 0 | 23 | 23 |
| CALICHIE | | 23 | 48 | 25 |
| CLAY | | 48 | 75 | 27 |
| CALICHIE | WB | 75 | 85 | 10 |
| CLAY | | 85 | 120 | 35 |
| CALICHIE | WB | 120 | 135 | 15 |
| CLAY | | 135 | 160 | 25 |
| CALICHIE | WB | 160 | 178 | 18 |
| CLAY | | 178 | 200 | 22 |
| CALICHIE | WB | 200 | 240 | 40 |
| CLAY | | 240 | 260 | 20 |

N36°12'58.3"
 W116°03'24.3"

DCNR/DWR
 RECEIVED
 SEP 10 2010
 LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled **260** Feet Depth Cased **260** Feet

HOLE DIAMETER (BIT SIZE)
 From **0** Feet To **260** Feet
12-1/4 Inches
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6" | 3.63 | .280 | 0 | 260 |

Perforations:
 Type perforation **SCREEN**
 Size perforation **.032**

From **140** feet to **260** feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal **50'**
 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 **62** 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 **9/13/2010**

Date started **9/11/2010**, 19
 Date completed **9/13/2010**, 19

7. WELL TEST DATA

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