

PRINT OR TYPE ONLY
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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. **35450**

1. OWNER **LORRAINE HAGGERTY, TRUSTEE**
 MAILING ADDRESS **8705 MESA CANOGA DR**
LAS VEGAS, NV 89148

ADDRESS AT WELL LOCATION **2541 E LORRAINE WY**

2. LOCATION **SW 1/4 NE 1/4 Sec. 1 T 21S**
 PERMIT NO. **79470** Issued by Water Resources
44-041-10 Parcel No.

N/S R **53** E **NYE** County
ASHWORTH ROS Subdivision Name

3. WORK PERFORMED
 New Well
 Replace
 Recondition
 Deepen
 Abandon
 Other

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

5. WELL TYPE
 Cable
 Rotary
 RVC
 Air
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CLAY		0	6	6
CALICHIE		6	30	24
CLAY		30	75	45
CALICHIE	WB	75	100	25
CLAY		100	130	30
CALICHIE	WB	130	145	15
CLAY		145	175	30
CALICHIE	WB	175	200	25
CLAY		200	215	15
CALICHIE	WB	215	235	20
CLAY		235	245	10
CALICHIE	WB	245	260	15

N36°09'17.3"
 W115°57'57.6"

DCNR/DWR
 RECEIVED

APR 11 2011

LAS VEGAS OFFICE

Date started **4/7/2011**, 19
 Date completed **4/7/2011**, 19

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer G.P.M.	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift

8. WELL CONSTRUCTION

Depth Drilled **260** Feet Depth Cased **260** Feet

HOLE DIAMETER (BIT SIZE)

	From	To
12" Inches	0 Feet	260 Feet
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 **180** feet to **260** feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal **50**
 Placement Method: Pumped
 Poured
 Gravel Packed: Yes No
 From **50** feet to **260** feet

Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

9. WATER LEVEL

Static water level **72** 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 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 **4/7/2011**