

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. **36208**

1. OWNER **Michael & Connie Doeller** ADDRESS AT WELL LOCATION **2761 S. Yucca Terrace**
 MAILING ADDRESS **P.O. Box 453 Pahrump, NV. 89041-0453**
 2. LOCATION **SW 1/4 SW 1/4 Sec. 29 T. 20 N. R. 53 E. Nye** County
 PERMIT NO. **40-242-01** Unit **5 Calvada Valley** 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 STEEL CASING		0	0	160
Clay		160	172	12
Caliche		172	185	13
clay		185	210	25
Caliche		210	220	10
Clay		220	235	15
Caliche		235	245	10
Clay		245	260	15

DCNR/DWR RECEIVED
 JUN 18 2012
LAS VEGAS OFFICE

N 36° 10' 43.233"
W 116° 02' 44.350"

8. WELL CONSTRUCTION
 Depth Drilled **260** Feet Depth Cased **260** Feet
 HOLE DIAMETER (BIT SIZE)
 From **0** Feet To **160** Feet
EXISTING inches
7 3/8 inches **160** Feet **260** Feet
 inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8"	16.94	.188	0	160
4.5	2.37	.248	160	260

Perforations:
 Type perforation **Screen**
 Size perforation **032**
 From **160** feet to **180** feet
 From **200** feet to **220** feet
 From **240** feet to **260** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **EXISTING** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **160** feet to **260** feet

9. WATER LEVEL
 Static water level **92'** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **June 12, 2012**, 20
 Date completed **June 12, 2012**, 20

7. WELL TEST DATA

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

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** Contractor
 Address **1220 Manse Rd. Pahrump NV 89048** Contractor
 Nevada contractor's license number **47333** issued by the State Contractor's Board
 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 **6/13/12**