

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

OFFICE USE ONLY
Log No. 117138
Permit No. _____
Basin 162

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. 36250

1. OWNER CHARLES & JEAN KENNEY ADDRESS AT WELL LOCATION 1330 N LANDMARK AVE
MAILING ADDRESS 1330 N LANDMARK AVE PAHRUMP NV
PAHRUMP NV 89060-3612 Subdivision Name: LANDMARK SUBDIVISION County: NYE

2. LOCATION NE ¼ SE ¼ Sec 6 T 20S N/S R 53 E Latitude N36°14'20.8" UTM E NAD 27
PERMIT/WAIVER No. 36-028-05 Longitude W116°03'13.6" N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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
CLAY		0	25	25
CALICHIE		25	36	11
CLAY		36	70	34
CALICHIE	WB	70	86	16
CLAY		86	125	39
CALICHIE	WB	125	132	7
CLAY		132	156	24
CALICHIE	WB	156	170	14
CLAY		170	185	15
CALICHIE	WB	185	194	9
CLAY		194	200	6

9. WELL CONSTRUCTION

Depth Drilled	200	Feet	Depth Cased	200	Feet
HOLE DIAMETER (BIT SIZE)					
	9-7/8	Inches	0	Feet	200
		Inches		Feet	
		Inches		Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	2.37	.248	0	200

Perforations:

Type of perforation SCREEN
Size of perforation .032

From 140 feet to 200 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 0 to 50 Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 50 to 200 Pumped Poured
Type: _____
Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

Date started: 7-May , 20 13
Date completed: 7-May , 20 13

7. Water Level
Static water level: 74 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

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

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
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 2485

Signed [Signature]
By driller performing actual drilling on site or contractor

Date 13-May-13