

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 **12895**

1. OWNER **GIUSEPPE DEBIASE** ADDRESS AT WELL LOCATION **LOT 267 MCGRAW**
 MAILING ADDRESS **PAHRUMP NV 89041**

2. LOCATION **SE 1/4 NE 1/4 Sec 20 T21S N/S R 54 E NYE** County **GREEN SADDLE RANCH**
 PERMIT NO. **45-292-06** 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
CLAY		0	5	5
CALICHIE		5	7	2
CLAY		7	12	5
CALICHIE		12	16	4
CLAY		16	46	30
CALICHIE		46	49	3
CLAY		49	75	26
CALICHIE	WB	75	78	3
CLAY		78	102	24
CALICHIE	WB	102	105	3
CLAY		105	117	12
CALICHIE	WB	117	122	5
CLAY		122	135	13
CALICHIE	WB	135	142	7
CLAY		142	152	10
CALICHIE	WB	152	160	8
		160		160

8. WELL CONSTRUCTION
 Depth Drilled **160** Feet Depth Cased **160** Feet

HOLE DIAMETER (BIT SIZE)
 From To
121 1/4 Inches **0** Feet **160** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
85 1/8	16.9	.188	0	160

Perforations:
 Type perforation **FACTORY SAW CUT**
 Size perforation **1 1/8 X 3"**
 From **120** feet to **140** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **50** feet to **160** feet

RECEIVED

JUN 29 1994

Div. of Water Resources
 Branch Office - Las Vegas, NV

Date started **5-16-94**, 19_____
 Date completed **5-20-94**, 19_____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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. INC.** Contractor
 Address **HC 78 BOX 80358** Contractor
PAHRUMP NV 89041

Nevada contractor's license number **30880**
 issued by the State Contractor's Board

Nevada driller's license number issued by the
 Division of Water Resources, the on-site driller **1642**

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

Date **6-16-94**