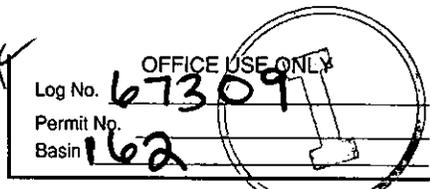


STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**



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. **16339**

1. OWNER **SANDOVAL, ADRIAN** ADDRESS AT WELL LOCATION **2111 W. DAVID**  
 MAILING ADDRESS **2111 W. DAVID PAHRUMP, NV 89048**

2. LOCATION **SW** 1/4 **SE** 1/4 Sec. **32** T **19S** N/S R **53E** E **NYE** County  
 PERMIT NO. **29-803-16** **RANCHO DEL SOL** Subdivision Name  
 Issued by Water Resources Parcel No.

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 & CALICHE		0	55	55
CALICHE	WB	55	67	12
CLAY		67	82	15
CALICHE	WB	82	98	16
CLAY		98	112	14
CALICHE	WB	112	118	6
CLAY		118	133	15
CALICHE	WB	133	140	7

8. WELL CONSTRUCTION  
 Depth Drilled **140** Feet Depth Cased **140** Feet

HOLE DIAMETER (BIT SIZE)  
 From **12.25** Inches To **0** Feet **140** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>8.625</b>	<b>16.94</b>	<b>.188</b>	<b>0</b>	<b>140</b>

Perforations:  
 Type perforation **FACTORY SAW CUT**  
 Size perforation **1/8" X 3"**

From	To	feet to	feet
<b>100</b>	<b>120</b>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 **140** feet

9. WATER LEVEL  
 Static water level **53** feet below land surfac  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **7/28/97** \_\_\_\_\_ 19\_\_\_\_  
 Date completed **8/1/97** \_\_\_\_\_ 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	G.P.M.		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 Co.** Contractor  
 Address **PO BOX 4220** Contractor  
**PAHRUMP, NV 89041**

Nevada contractor's license number issued by the State Contractor's Board **30880**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1642**

Signed *Thomas D...* By driller performing actual drilling on-site or contractor  
 Date **8/1/97**

