

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

OFFICE USE ONLY
 Log No. **75134**
 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. **18714**

1. OWNER **KEN ACTON**
 MAILING ADDRESS **2331 BLOSSER RANCH ROAD PAHRUMP, NV 89048**

ADDRESS AT WELL LOCATION **2331 BLOSSER RANCH ROAD**

2. LOCATION **NW 1/4 SE 1/4 Sec. 31 T 19S** N/S R **53E** E **NYE** County
 PERMIT NO. **29-581-01** **GOOSENECK PARK** 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	Thickness
CLAY		0	55	
CALICHIE	WB	55	70	15
CLAY		70	89	19
CALICHIE	WB	89	103	14
CLAY		103	111	8
CALICHIE	WB	111	119	8
CLAY		119	132	13
CALICHIE	WB	132	140	8

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

HOLE DIAMETER (BIT SIZE)
 From **10.25** 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)
6.625	3.63	.280	0	140

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

From **100** feet to **120** feet
 From _____ feet to _____ feet

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

Gravel Packed: Yes No
 From **50** feet to **140** feet

9. WATER LEVEL
 Static water level **52** 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

Date started **4/5/99**, 19____
 Date completed **4/9/99**, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

Address **P.O. BOX 4220** 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 **1642**
 Signed *Thomas D...*
 By driller performing actual drilling on-site or contractor
 Date **4/12/99**