

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

OFFICE USE ONLY
 Log No. **77870**
 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. **19321**

1. OWNER **MAURICE DION** ADDRESS AT WELL LOCATION: **4550 W. WINDSONG LN.**
 MAILING ADDRESS _____
 2. LOCATION **NE 1/4 NW 1/4 Sec 14 T. 20-S N/S R. 52 E NYE** County **NYE**
 PERMIT NO. **41-461-35** GOLDEN SPRING RANCH
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
SURFACE		0	4	4
GRAY CLAY		4	20	16
LIMESTONE		20	33	13
GREEN CLAY		33	50	17
GRAY CLAY		50	72	22
CALICHE		72	75	3
GRAY CLAY	X	75	110	35
BROWN CLAY	X	110	140	30

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet
 HOLE DIAMETER (BIT SIZE)
 From To
12 Inches **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)
8 5/8	16.94	.188	0	140

Perforations:
 Type perforation **TORCH CUT**
 Size perforation **1/2" WIDTH 8" LONG**
 From **100** feet to **140** 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 **140** feet

9. WATER LEVEL
 Static water level **51'** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **DECEMBER 22**, 19**99**
 Date completed **DECEMBER 22**, 19**99**

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 checked="" type="checkbox"/> Air Lift	20	4	1/4

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **JIM PIKE WELL DRILLING, LLC.** Contractor
 Address **P.O. BOX 56** Contractor
PAHRUMP, NV 89041
 Nevada contractor's license number issued by the State Contractor's Board **17563A**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1812**
 Signed *[Signature]*
 By driller performing actual drilling on site or contractor
 Date **DECEMBER 27, 1999**

