

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

OFFICE USE ONLY
 Log No. 78713
 Permit No. 162
 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. 19879

1. OWNER COMANCHO, EDGAR ADDRESS AT WELL LOCATION 3151 W. SILVER SAGE
 MAILING ADDRESS 3151 W SILVER SAGE
PAHRUMP, NV 89048

2. LOCATION SE 1/4 SE 1/4 Sec. 24 T 19S N/S R 52E E NYE County
 PERMIT NO. 27-731-66 MAJESTIC ESTATES
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	60	60
CALICHIE	WB	60	74	14
CLAY		74	97	23
CALICHIE	WB	97	110	13
CLAY		110	121	11
CALICHIE	WB	121	138	17
CLAY		138	140	2

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

HOLE DIAMETER (BIT SIZE)
 From 0 To 140 Feet
10.25 Inches 0 Feet 140 Feet
 Inches Feet Feet Feet
 Inches Feet 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 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 60 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
 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 1/28/00

Date started 1/17/00 2000, 19____
 Date completed 1/21/00 2000, 19____

7. WELL TEST DATA

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

