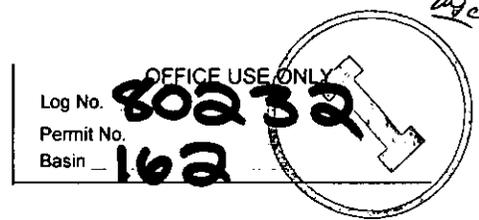


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT



Log No. 80232
 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. 20357

1. OWNER **Eric Denhard**
 MAILING ADDRESS **3171 W. Basin**
Pahrump, NV 89048

ADDRESS AT WELL LOCATION
3171 W. Basin

2. LOCATION **NE 1/4 NE 1/4 Sec. 13 T 20S.**
 PERMIT NO. _____
 Issued by Water Resources **41-401-06** Parcel No.

N/S R 52E E Nye County
Golden Springs Subdivision Name

3. WORK PERFORMED

New Well
 Deepen
 Replace
 Abandon
 Recondition
 Other

4.

Domestic
 Municipal/Industrial

PROPOSED USE

Irrigation
 Test
 Monitor
 Stock

5. WELL TYPE

Cable
 Air
 Rotary
 Other RVC

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
brown loam		0	3	3
grey loam	x	3	72	69
brown loam	x	72	140	68

8. WELL CONSTRUCTION

Depth Drilled **140** Feet Depth Cased **140+1** Feet

HOLE DIAMETER (BIT SIZE)

	From	To	
11	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)
6 5/8	3.7	.280	0	140

Perforations:

Type perforation **sawcut**
 Size perforation **.188**
 From **125** feet to **140** feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal **50**
 Placement Method: Pumped
 Poured

Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

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

9. WATER LEVEL

Static water level **57** feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature **cool** °F Quality **good**

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Strickland Construction Co., Inc.**
 Contractor

Address **2301 Winery Road, Suite 2**
 Contractor

Pahrump, NV 89048

Nevada contractor's license number issued by the State Contractor's Board **40277**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2086**

Signed _____
 By driller performing actual drilling on-site or contractor

Date **6-3-00**

Date started **5/12/00** _____ 19____
 Date completed **5/12/00** _____ 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift
 Draw Down (Feet Below Static) Time (Hours)
 G.P.M.

