

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

OFFICE USE ONLY
 Log No. **80357**
 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. **20062**

1. OWNER **SPAULDING CONST.** ADDRESS AT WELL LOCATION **4780 W MACK CT**
 MAILING ADDRESS **4780 W MACK CT**
PAHRUMP, NV 89048

2. LOCATION **NW** 1/4 **NW** 1/4 Sec. **26** T **19S** N/S R **52E** E **NYE** County
 PERMIT NO. **27-161-54** Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Other
 Deepen Abandon

4. PROPOSED USE
 Domestic Irrigation Test Monitor Stock
 Municipal/Industrial

5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SAND & GRAVEL		0	170	170
GRAVEL	WB	170	183	13
CEMENTED GRAVEL		183	200	17
GRAVEL	WB	200	215	15
CEMENTED GRAVEL		215	230	15
GRAVEL	WB	230	240	10

8. WELL CONSTRUCTION
 Depth Drilled **240** Feet Depth Cased **240** Feet

HOLE DIAMETER (BIT SIZE)
 From **10.25** Inches To **0** Feet **240** 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	240

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

From 200 feet to 240 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal **50**

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From **50** feet to **240** feet

9. WATER LEVEL
 Static water level **170** 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 **6/28/2000**, 19____
 Date completed **6/29/2000**, 19____

7. WELL TEST DATA

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

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 Dan*
 By driller performing actual drilling on-site or contractor

Date **7/7/2000**