

OFFICE USE ONLY
Log No. 82262
Permit No. _____
Basin. 16a

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

WELL DRILLER'S REPORT
Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO: 21-112
1700 Equestrian Ct
Pahrump, NV 89048

1. OWNER Pete Ghiglione ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 1700 Equestrian Ct _____
Pahrump, NV 89048 _____

2. LOCATION SE 1/4 SE 1/4 Sec. 22 T. 20S N/S R. 52 E NYE County
PERMIT NO. 27-561-21 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 |
|---------------|--------------|------|-----|------------|
| Dirt | | 0 | 5 | |
| Clay | | 6 | 13 | |
| Clay, Caliche | | 14 | 100 | |
| Gravel | | 101 | 110 | |
| Clay, Caliche | | 111 | 170 | |
| Clay | | 171 | 210 | |
| Water | 100 | | | |

8. WELL CONSTRUCTION
Depth Drilled 210 Feet Depth Cased 210 Feet

HOLE DIAMETER (BIT SIZE)
From _____ To _____
10 Inches 9 Feet 210 Feet
_____ Inches _____ Feet _____ Feet
_____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 6 | PVC | SCH 40 | 0 | 210 |

Perforations:
Type perforation Slot Perf
Size perforation .020
From 210 feet to 180 feet
From _____ feet to _____ feet
From _____ feet to _____ 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 0 feet to 50 feet

9. WATER LEVEL
Static water level 68' feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature cold °F Quality good

Date started 1-30-01 19____
Date completed 2-1-01 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name JSB INC DBA GATZKE DRILLING
PO BOX 6678 Contractor
Address Pahrump, NV 89041 Contractor

Nevada contractor's license number issued by the State Contractor's Board 0036415
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1650

Signed [Signature]
By Driller performing actual drilling on site or contractor
Date 2-18-01

