

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

OFFICE USE ONLY
 Log No. 85789
 Permit No. _____
 Basin 162
 NOTICE OF INTENT NO. 23286

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

1. OWNER Gerald Murphy ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 770 S. Corbin 770 S. Corbin
Pahrump, NV 89048
 2. LOCATION SW 1/4 SW 1/4 Sec. 14 T 20S N/S R 52E E Nye County
 PERMIT NO. 41-491-32 Golden Spring Ranch Subdivision Name
 Issued by Water Resources Parcel No. _____

3. WORK PERFORMED 4. PROPOSED USE 5. WELL TYPE
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other Municipal/Industrial Monitor Stock Air Other

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|----------------------------|--------------|------|-----|-----------|
| brown clay | | 0 | 3 | 3 |
| grey clay | | 3 | 14 | 11 |
| brown clay | | 14 | 19 | 5 |
| green clay | x | 19 | 98 | 79 |
| green clay caleche strings | x | 98 | 160 | 62 |

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160+1 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
11 Inches 0 Feet 160 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>6 5/8</u> | <u>3.7</u> | <u>.280</u> | <u>0</u> | <u>160</u> |

Perforations:
 Type perforation sawcut
 Size perforation .188
 From 140 feet to 160 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 160 feet

DNRR/DWR
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9. WATER LEVEL
 Static water level 70 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality good

Date started 3/27/02 19____
 Date completed 3/27/02 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. | |

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 5801 S. Homestead 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 onsite driller 2086
 Signed _____
 By driller performing actual drilling on-site or contractor
 Date 04.01.02