

PRINT OR TYPE ONLY
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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. 25495

1. OWNER David McCormick ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 1160 W. Ricksue 1160 W. Ricksue
Pahrump, NV 89060

2. LOCATION NW 1/4 SE 1/4 Sec. 17 T 19 N/S R 53E E Nye County
 PERMIT NO. 27-311-25 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
<u>brown silty loam</u>		<u>0</u>	<u>16</u>	<u>16</u>
<u>See next line</u>		<u>16</u>	<u>29</u>	<u>13</u>
<u>brown loam with caleche strings</u>				
<u>grey caleche</u>		<u>29</u>	<u>32</u>	<u>3</u>
<u>brown caleche with gravel</u>		<u>32</u>	<u>55</u>	<u>23</u>
<u>brown loam</u>		<u>55</u>	<u>62</u>	<u>7</u>
<u>See next line</u>		<u>62</u>	<u>85</u>	<u>23</u>
<u>brown loam with caleche and rock</u>				
<u>brown loam</u>	<u>x</u>	<u>85</u>	<u>160</u>	<u>75</u>

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
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 50 Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 160 feet

9. WATER LEVEL
 Static water level 160 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 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 on-site driller, 2086
 Signed _____ By driller performing actual drilling on-site or contractor
 Date 11.20.03

Date started 10/29/03, 19____
 Date completed 10/29/03, 19____

7. WELL TEST DATA

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

OWNER/DWR
 RECEIVED
 NOV 26 2003
 LAS VEGAS OFFICE