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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. 26075

1. OWNER CHRIS & SUSAN TOLLADAY ADDRESS AT WELL LOCATION 3681 S. RAVINE
 MAILING ADDRESS 3681 S. RAVINE
PAHRUMP, NV

2. LOCATION NW 1/4 SW 1/4 Sec. 35 T 20 N/S R 53 E NYE County
 PERMIT NO. _____ CALVADA VALLEY UNIT 3
 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
CLAY		0	2	2
CALICHE		2	28	26
CLAY		28	78	50
CALICHE	WB	78	84	6
CLAY		84	98	14
CALICHE	WB	98	118	20
CLAY		118	130	12
CALICHE	WB	130	140	10
CLAY		140	153	13
CALICHE	WB	153	160	7

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8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10.25 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)
6	3.63	.250	0	160

Perforations:
 Type perforation SAWCUT
 Size perforation 1/8 X 3
 From 100 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

9. WATER LEVEL
 Static water level 62 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

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 2063
 Signed Ron Toney
 By driller performing actual drilling on-site or contractor
 Date 3/8/04

7. WELL TEST DATA

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