

USE ADDITIONAL SHEETS IF NECESSARY  
**STATE OF NEVADA**  
**DIVISION OF WATER RESOURCES**  
**WELL DRILLER'S REPORT**

OFFICE USE ONLY  
 Log No. 93320  
 Permit No. \_\_\_\_\_  
 Basin 162

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **26107**

PRINT OR TYPE ONLY  
 NOT WRITE ON BACK

1. OWNER **MIKE BRADY**  
 MAILING ADDRESS **1051 E. CARSON**  
**PAHRUMP, NV**

ADDRESS AT WELL LOCATION **1051 E. CARSON**

2. LOCATION **SW** 1/4 **NW** 1/4 Sec. **14** T **21**  
 PERMIT NO. \_\_\_\_\_  
 Issued by Water Resources \_\_\_\_\_ Parcel No. **44-722-12**

N/S R **53** E **NYE** County  
**MESA OESTE ESTATES UNIT 1**  
 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
PERFORATE WELL-WITH MILLS KNIFE FROM 140 FT. TO 50 FT./ PUMP NEAT CEMENT FROM BOTTOM TO SURFACE				
<i>Repaired well plugged</i>				
DCNR/DWR RECEIVED				
JUN 15 2004				
LAS VEGAS OFFICE				

8. WELL CONSTRUCTION

Depth Drilled **140** Feet Depth Cased **140** Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	Feet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>8</b>			<b>0</b>	<b>140</b>

Perforations:

Type perforation **MILLS KNIFE**  
 Size perforation \_\_\_\_\_

From <b>50</b> feet to <b>140</b> feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

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

9. WATER LEVEL

Static water level \_\_\_\_\_ 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 **1426**  
 Signed *[Signature]*  
 By driller performing actual drilling on-site or contractor  
 Date **6/9/2004**

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

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

Date started **5/10/2004**, 19  
 Date completed **5/13/2004**, 19