

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

OFFICE-USE-ONLY
 Log No. 93497
 Permit No. _____
 Basin 1602
 NOTICE OF INTENT NO. **16135**

PRINT OR TYPE ONLY
 NOT WRITE ON BACK

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

1. OWNER **GLEN FLETCHER** ADDRESS AT WELL LOCATION **2391 E. SHIRLEY**
 MAILING ADDRESS **2391 E. SHIRLEY**
PAHRUMP, NV
 2. LOCATION **NE** 1/4 **NW** 1/4 Sec. **1** T **22** N/S R **53** E **NYE** County
 PERMIT NO. **41-372-15** **CALVADA VALLEY UNIT 14**
 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
SILT		0	4	4
CLAY & GRAVEL		4	80	76
SAND & GRAVEL	WB	80	105	25
CLAY & GRAVEL		105	140	35
SAND & GRAVEL	WB	140	163	23
CLAY & GRAVEL		163	190	27
SAND & GRAVEL	WB	190	210	20
LOOSE SAND & GRAVEL	WB	210	225	15
CLAY & GRAVEL		225	235	10
LOOSE SAND & GRAVEL	WB	235	250	15

8. WELL CONSTRUCTION
 Depth Drilled **250** Feet Depth Cased **250** Feet
 HOLE DIAMETER (BIT SIZE)
 From **0** Feet To **250** Feet
 -10 Inches _____ Feet _____ 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	250

Perforations:
 Type perforation **SAWCUT**
 Size perforation **1/8 X 3**
 From **150** feet to **250** 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 **250** feet

9. WATER LEVEL
 Static water level **75** 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

Date started **6/21/2004**, 19____
 Date completed **6/25/2004**, 19____

7. WELL TEST DATA

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

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 _____
 By driller performing actual drilling on-site or contractor
 Date **7/6/04**

TRIP

Roll