

USE ADDITIONAL SHEETS IF NECESSARY
 STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY

Log No. 93501
 Permit No. _____
 Basin 162

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 26756

1. OWNER JACK & SHARON CROFT ADDRESS AT WELL LOCATION 1471 W. SILVER SAGE
 MAILING ADDRESS 1471 W. SILVER SAGE
PAHRUMP, NV

2. LOCATION SW 1/4 SE 1/4 Sec. 20 T 19 N/S R 53 E NYE County
 PERMIT NO. 27-321-40 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources

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	Thickness
SILTY CLAY		0	10	10
CLAY		10	70	60
CALICHE	WB	70	74	4
CLAY		74	110	36
CALICHE	WB	110	115	5
CLAY		115	140	25
CALICHE	WB	140	145	5
CLAY		145	170	25
GRAVEL	WB	170	178	8
CLAY		178	190	12
GRAVEL	WB	190	204	14

DON'T DRILL
 RECORDED
 JUL 22 2004
 LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 204 Feet Depth Cased 204 Feet

HOLE DIAMETER (BIT SIZE)
 From 12.25 Inches To 0 Feet
0 Feet 204 Feet
 Inches Feet Feet Feet
 Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	3.63	.280	0	204

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

From 164 feet to 204 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 204 feet

9. WATER LEVEL
 Static water level 70 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 6/30/2004 19____
 Date completed 7/2/2004 19____

7. WELL TEST DATA

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

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 1642
 Signed Thomas Dan
 By driller performing actual drilling on-site or contractor
 Date 7/2/04