

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

OFFICE USE ONLY
 Log No. 93772
 Permit No. _____
 Basin 102

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. **26943**

1. OWNER **JACK & HELEN IBBITSON** ADDRESS AT WELL LOCATION **4620 S. MELISSA LN**
 MAILING ADDRESS **4620 S. MELISSA LN**
PAHRUMP, NV

2. LOCATION **NE** 1/4 **SE** 1/4 Sec. **2** T **21** N/S R **53** E **NYE** County
 PERMIT NO. _____ **44-841-13** **VALLEY VIEW ESTATES** Subdivision Name
 Issued by Water Resources Parcel No.

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
CLAY		0	8	8
CALICHE		8	24	16
CLAY		24	36	12
CALICHE		36	47	11
CLAY		47	65	18
CALICHE	WB	65	71	6
CLAY		71	105	34
CALICHE	WB	105	115	10
CLAY		115	128	13
CALICHE	WB	128	137	9
CLAY		137	156	19
CALICHE	WB	156	175	19
CLAY		175	180	5

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8. WELL CONSTRUCTION
 Depth Drilled **180** Feet Depth Cased **180** Feet

HOLE DIAMETER (BIT SIZE)
 From To
10 Inches **0** Feet **180** 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	180

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

From 110 feet to 180 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ 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 **180** feet

9. WATER LEVEL
 Static water level **57** 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 _____
 By driller performing actual drilling on-site of contractor
 Date **8/10/04**

Date started **8/5/2004** .19
 Date completed **8/7/2004** .19

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			