

OFFICE USE ONLY  
 Log No. **95743**  
 Permit No. **70133**  
 Basin **162**

PRINT OR TYPE ONLY *Amended*  
 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. **28162**

1. OWNER **EL DIABLO LTD**  
 MAILING ADDRESS **2190 W IRENE PAHRUMP, NV**  
 ADDRESS AT WELL LOCATION **2190 W IRENE**

2. LOCATION **SE 1/4 SE 1/4 Sec. 6 T 20S N/S R 53E E NYE** County  
 PERMIT NO. **70133** Issued by Water Resources  
**36-011-54** 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	64	64
CALICHE	WB	64	68	4
CLAY		68	94	26
CALICHE	WB	94	104	10
CLAY		104	134	30
CALICHE	WB	134	154	20
CLAY		154	194	40
CALICHE	WB	194	220	26
CLAY		220	240	20

8. WELL CONSTRUCTION  
 Depth Drilled **240** Feet Depth Cased **240** Feet

HOLE DIAMETER (BIT SIZE)  
 From **12.25** Inches To **0** Feet **240** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>8</b>	<b>16.94</b>	<b>.188</b>	<b>0</b>	<b>240</b>

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

From <b>120</b> feet to <b>140</b> feet
From <b>160</b> feet to <b>180</b> feet
From <b>200</b> feet to <b>220</b> 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 **240** feet

9. WATER LEVEL  
 Static water level **64** 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 **1642**  
 Signed *[Signature]*  
 By driller performing actual drilling on-site or contractor  
 Date **3/25/2005**

Date started **3/16/2005**, 19\_\_\_\_  
 Date completed **3/16/2005**, 19\_\_\_\_

7. WELL TEST DATA

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

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JUN 14 2005

LAS VEGAS OFFICE