

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. **96264**
 Permit No. _____
 Basin **162**

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. **28193**

1. OWNER **DESMONI PLUMBING** ADDRESS AT WELL LOCATION **920 E SECOND ST**
 MAILING ADDRESS **920 E SECOND ST**
PAHRUMP, NV

2. LOCATION **SE** 1/4 **SE** 1/4 Sec. **15** T **20S** N/S R **53E** E **NYE** County
 PERMIT NO. **35-342-05** **BOLLING GREEN ACRES**
 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	Thickness
DIRT & ROCK		0	8	8
CLAY & GRAVEL		8	52	44
SAND & GRAVEL	WB	52	58	6
CLAY & GRAVEL		58	97	39
SAND & GRAVEL	WB	97	115	18
CLAY & GRAVEL		115	130	15
SAND & GRAVEL	WB	130	142	12
CLAY & GRAVEL		142	160	18

8. WELL CONSTRUCTION
 Depth Drilled **160** Feet Depth Cased **160** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **0** Feet **160** 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	160

Perforations:
 Type perforation **SAWCUT**
 Size perforation **1/8 X 3**
 From **60** feet to **80** feet
 From **100** feet to **120** feet
 From **140** feet to **160** 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 **160** feet

9. WATER LEVEL
 Static water level **46** 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 or contractor
 Date **5/9/05**

Date started **5/2/2005**, 19
 Date completed **5/2/2005**, 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			

OGNHWL
 RECEIVED

MAY 12 2005

LAS VEGAS OFFICE