

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

OFFICE USE ONLY
 Log No. **96656**
 Permit No. _____
 Basin **162**
 NOTICE OF INTENT NO. **28509**

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

1. OWNER **JAMES PEARSON**
 MAILING ADDRESS **3431 W BISON RD**
PAHRUMP, NV

ADDRESS AT WELL LOCATION **3431 W BISON**
 N/S R **52E** E **NYE** County
 PERMIT NO. **28-253-02** Parcel No. **BELL VISTA UNIT 5 & 6** Subdivision Name

2. LOCATION **NW** 1/4 **NE** 1/4 Sec. **25** T **19S**
 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	Thick-ness
CLAY		0	74	74
CALICHE	WB	74	76	2
CLAY		76	111	35
CALICHE	WB	111	114	3
CLAY		114	138	24
CALICHE	WB	138	144	6
CLAY		144	154	10
CALICHE	WB	154	161	7
CLAY		161	180	19

DCNR/DWR
 RECEIVED
 JUN 14 2005
 LAS VEGAS OFFICE

Date started **6/9/2005**, 19
 Date completed **6/9/2005**, 19

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION

Depth Drilled **180** Feet Depth Cased **180** Feet
 HOLE DIAMETER (BIT SIZE)
10.25 Inches From **0** Feet To **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 **120** feet to **180** feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal **50**
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From **50** feet to **180** feet

9. WATER LEVEL

Static water level **59** 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 *Thomas D...*
 By driller performing actual drilling on-site or contractor
 Date **6/9/2005**