

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

OFFICE USE ONLY
 Log No. **96665**
 Permit No. **162**
 Basin **162**
 NOTICE OF INTENT NO. **29339**

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 **M.D.I.** ADDRESS AT WELL LOCATION **3150 W SILVER SAGE**
 MAILING ADDRESS **3150 W SILVER SAGE**
PAHRUMP, NV

2. LOCATION **SE 1/4 SE 1/4 Sec. 24 T 19S N/S R 52E E NYE** County
 PERMIT NO. **27-734-13** 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	Thick-ness
CLAY		0	5	5
CALICHE		5	35	30
CLAY		35	50	15
CALICHE	WB	50	58	8
CLAY		58	75	17
CALICHE	WB	75	90	15
CLAY		90	108	18
CALICHE	WB	108	130	22
CLAY		130	146	16
CALICHE		146	160	14

8. WELL CONSTRUCTION
 Depth Drilled **160** Feet Depth Cased **160** Feet

HOLE DIAMETER (BIT SIZE)
 10 Inches From 0 Feet To 160 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 **100** feet to **160** 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 **53** 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 *[Signature]*
 By driller performing actual drilling on-site or contractor
 Date **6/2/2005**

7. WELL TEST DATA

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

DCNR/DWR
 RECEIVED
 JUN 07 2005

LAS VEGAS OFFICE
JOSB

Date started **5/26/2005**, 19__
 Date completed **5/25/2005**, 19__