

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

OFFICE USE ONLY
 Log No. **96667**
 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. **29355**

1. OWNER **BERNIE KOENIG**
 MAILING ADDRESS **1100 E THOUSANDAIRE BLVD**
PAHRUMP, NV

ADDRESS AT WELL LOCATION **1100 E THOUSANDAIRE BLVD**

2. LOCATION **SW** 1/4 **SW** 1/4 Sec. **11** T **21S**
 PERMIT NO. **44-362-16**
Issued by Water Resources Parcel No.

N/S R **53E** E **NYE** County
THOUSANDAIRE ESTATES UNIT 1
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
CLAY		0	6	6
CALICHE		6	14	8
CLAY		14	50	36
CALICHE		50	65	15
CLAY		65	78	13
CALICHE	WB	78	89	11
CLAY		89	120	31
CALICHE	WB	120	145	25
CLAY		145	160	15
CALICHE	WB	160	175	15
CLAY		175	190	15
CALICHE	WB	190	200	10

8. WELL CONSTRUCTION

Depth Drilled **200** Feet Depth Cased **200** Feet

HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **0** Feet **200** 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	200

Perforations:
 Type perforation **SAWCUT**
 Size perforation **1/8 X 3**
 From **140** feet to **200** 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 **200** feet

DCNR/DWR
 RECEIVED

JUN 07 2005

LAS VEGAS OFFICE

Date started **5/24/2005**, 19
 Date completed **5/24/2005**, 19

9. WATER LEVEL

Static water level **74** 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 **6/2/2005**

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			