

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

OFFICE USE ONLY  
 Log No. **96825**  
 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. **28510**

1. OWNER **ARTHUR WADE**  
 MAILING ADDRESS **4671 W BASIN AVE PAHRUMP, NV**  
 ADDRESS AT WELL LOCATION **4671 W BASIN AVE**

2. LOCATION **NE** 1/4 **NW** 1/4 Sec. **20** T **20S** N/S R **52E** E **NYE** County  
 PERMIT NO. \_\_\_\_\_  
 Issued by Water Resources **4671 W BASIN RD** Parcel No. **GOLDEN SPRINGS RANCH UNIT 3** 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	96	96
CALICHE	TR	96	98	2
CLAY		98	131	33
CALICHE	WB	131	137	6
CLAY		137	166	29
CALICHE	WB	166	171	5
CLAY		171	190	19

DCNR/DWR  
RECEIVED  
JUN 24 2005  
LAS VEGAS OFFICE

8. WELL CONSTRUCTION  
 Depth Drilled **190** Feet Depth Cased **190** Feet

HOLE DIAMETER (BIT SIZE)  
 From **10.25** Inches To **0** Feet  
 From **190** Feet To \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6</b>	<b>3.63</b>	<b>.250</b>	<b>0</b>	<b>190</b>

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

From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	feet
From _____	feet to _____	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 **190** feet

9. WATER LEVEL  
 Static water level **58** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **6/13/2005**, 19\_\_\_\_  
 Date completed **6/13/2005**, 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			

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 Darr*  
 By driller performing actual drilling on-site or contractor

Date **6/22/2005**