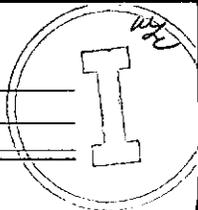


STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

OFFICE USE ONLY  
 Log No. **97404**  
 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. **29019**

1. OWNER **ROBERT HARRISON**  
 MAILING ADDRESS **5151 S CLARK ST PAHRUMP, NV**  
 ADDRESS AT WELL LOCATION **5151 S CLARK ST**

2. LOCATION **NW 1/4 NW 1/4 Sec. 11 T 21S N/S R 53E E NYE** County  
 PERMIT NO. \_\_\_\_\_ Parcel No. **44-481-01** Subdivision Name **NYE CREST EST.**

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	18	18
CALICHE		18	26	8
CLAY		26	56	30
CALICHE		56	71	15
CLAY		71	90	19
CALICHE	WB	90	110	20
CLAY		110	140	30
CALICHE	WB	140	153	13
CLAY		153	170	17
CALICHE	WB	170	186	16
CLAY		186	200	14

**DCNR/DWR RECEIVED**

**SEP 27 2005**

**LAS VEGAS OFFICE**

8. WELL CONSTRUCTION  
 Depth Drilled **200** Feet Depth Cased **200** Feet

HOLE DIAMETER (BIT SIZE)  
 From **10** Inches To **0** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ 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>200</b>

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

From **140** feet to **200** 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 **200** feet

9. WATER LEVEL  
 Static water level **77** 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 **9/12/2005**

Date started **9/8/2005**, 19  
 Date completed **9/8/2005**, 19

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			