

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

OFFICE USE ONLY
 Log No. **97418**
 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. **28565**

1. OWNER **JOSEPH LACOMB**
 MAILING ADDRESS **2620 W WILSON RD PAHRUMP, NV**
 ADDRESS AT WELL LOCATION **2620 W WILSON RD**

2. LOCATION **SE** 1/4 **NW** 1/4 Sec. **18** T **20S** N/S R **52E** E **NYE** County
 PERMIT NO. **36-171-98** Parcel No. _____ Subdivision Name _____
 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	Thickness
CLAY		0	75	75
CALICHE	WB	75	78	3
CLAY		78	115	37
CALICHE	WB	115	122	7
CLAY		122	141	19
CALICHE	WB	141	148	7
CLAY		148	169	21
CALICHE	WB	169	184	15
CLAY		184	210	26
CALICHE	WB	210	236	26
CLAY		236	258	22
CALICHE	WB	258	278	20
CLAY		278	300	22

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8. WELL CONSTRUCTION
 Depth Drilled **300** Feet Depth Cased **300** Feet

HOLE DIAMETER (BIT SIZE)
 From **12.25** Inches To **0** Feet **300** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.94	.188	0	300

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

From _____	140	feet to	_____	180	feet
From _____	220	feet to	_____	210	feet
From _____	260	feet to	_____	300	feet
From _____		feet to	_____		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 **300** feet

9. WATER LEVEL
 Static water level **57** 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 **8/22/2005**

Date started **8/17/2005**, 19
 Date completed **8/17/2005**, 19

7. WELL TEST DATA

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