

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

OFFICE USE ONLY
 Log No. **97421**
 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. **28569**

1. OWNER **SAMUEL COCKER** ADDRESS AT WELL LOCATION **4371 WASSAY**
 MAILING ADDRESS **4371 WASSAY**
PAHRUMP, NV
 2. LOCATION **SW** 1/4 **SE** 1/4 Sec. **11** T **20S** N/S R **52E** E **NYE** County
 PERMIT NO. _____ 41-624-04 Parcel No. **GOLDEN SPRING EANCH UNIT 8** 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	20	20
CALICHE		20	43	23
CLAY		43	85	42
CALICHE	WB	85	88	3
CLAY		88	124	36
CALICHE	WB	124	131	7
CLAY		131	162	31
CALICHE	WB	162	180	18

DCNR/DWR
 RECEIVED
 AUG 29 2005
 LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled **180** Feet Depth Cased **180** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10.25** Inches To **0** Feet **180** 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	180

Perforations:
 Type perforation **SAWCUT**
 Size perforation **1/8 X 3**
 From **80** feet to **100** feet
 From **120** feet to **140** feet
 From **160** feet to **180** 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 **180** feet

9. WATER LEVEL
 Static water level **56** 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

7. WELL TEST DATA

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

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 *[Signature]*
 By driller performing actual drilling on-site or contractor
 Date **8/23/2005**