

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

OFFICE USE ONLY  
 Log No. 100730  
 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. **30177**

1. OWNER **FRED DUVAL** ADDRESS AT WELL LOCATION **1441 W CALVADA**  
 MAILING ADDRESS **1441 W CALVADA**  
**PAHRUMP, NV**

2. LOCATION **SW** 1/4 **NW** 1/4 Sec. **29** T **20S** N/S R **53E** E **NYE** County  
 PERMIT NO. **40-251-09** Parcel No. **CALVADA VALLEY UNIT 5** 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	16	16
CALICHE		16	32	16
CLAY		32	68	36
CALICHE	WB	68	85	17
CLAY		85	115	30
CALICHE	WB	115	130	15
CLAY		130	146	16
CALICHE	WB	146	173	27
CLAY		173	205	32
CALICHE	WB	205	215	10
CLAY		215	220	5

DCNR/DWR  
 RECEIVED  
 SEP 13 2006  
 LAS VEGAS OFFICE

8. WELL CONSTRUCTION  
 Depth Drilled **220** Feet Depth Cased **220** Feet

HOLE DIAMETER (BIT SIZE)  
 From **10** Inches To **0** Feet  
 From **0** Feet To **220** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	3.63	.250	0	220

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

From <b>120</b> feet to	<b>160</b> feet
From <b>180</b> feet to	<b>220</b> 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 **220** feet

9. WATER LEVEL  
 Static water level **73** 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 **1220 E MANSE RD**  
 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 *[Signature]*  
 By driller performing actual drilling on-site or contractor  
 Date **9/12/2006**

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			