

PRINT OR TYPE ONLY
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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 31206

1. OWNER **DIAMOND CONSTRUCTION** ADDRESS AT WELL LOCATION **5351 SQUAW VALLEY**
 MAILING ADDRESS **5351 SQUAW VALLEY**
PAHRUMP, NV

2. LOCATION SE 1/4 NE 1/4 Sec. 7 T 21S N/S R 54E E NYE County
 PERMIT NO. 45-081-06 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
PERF WELL WITH MILLS KNIFE. PUMP BENTONITE GROUT FORM TO FT. PUMP NEAT CEMENT FORM FT TO SURFACE.				
WGS84 N36 DEGREES 08.563 W 115 DEGREES 56.417				

DCNR/DWR
 RECEIVED
 AUG 10 2007
 LAS VEGAS OFFICE

Date started 8/7/2007, 19____
 Date completed 8/7/2007, 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			

8. WELL CONSTRUCTION
 Depth Drilled EXISTING Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
 From To
EXISTING Inches Feet Feet Feet
 Inches Feet Feet Feet
 Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>EXISTING</u>	<u>8" STEEL</u>			

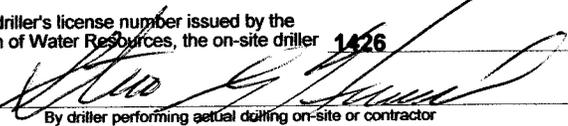
Perforations:
 Type perforation MILLS KNIFE
 Size perforation 1/4 X 3

From _____	<u>6</u> feet to	<u>250</u> feet
From _____	feet to	feet
From _____	feet to	feet
From _____	feet to	feet
From _____	feet to	feet

Surface Seal: Yes No
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Bentonite

9. WATER LEVEL
 Static water level NA 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 
 By driller performing actual drilling on-site or contractor
 Date 8/7/2007