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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. 31201

1. OWNER **EDMOND JEFFERY** ADDRESS AT WELL LOCATION **3331 E OREGON ST**
 MAILING ADDRESS **3331 E OREGON ST**
PAHRUMP, NV

2. LOCATION **NW 1/4 NE 1/4 Sec. 1 T 20S N/S R 52E E NYE** County
 PERMIT NO. **41-553-03** **GOLDEN SPRING RANCH UNIT 5**
Issued by Water Resources Parcel No. 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	15	15
CALICHE		15	26	11
CLAY		26	65	39
CALICHE	WB	65	80	15
CLAY		80	105	25
CALICHE	WB	105	116	11
CLAY		116	145	29
CALICHE	WB	145	155	10
CLAY		155	178	23
CALICHE	WB	178	195	17
CLAY		195	200	5

WGS 84
 N 36 DEGREES 14714
 W 116 DEGREES 04416

Date started 7/16/2007, 19____
 Date completed 7/16/2007, 19____

7. WELL TEST DATA

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

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 200 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 200 Feet
 From 0 Feet To 200 Feet
 From _____ Inches To _____ Feet
 From _____ Inches To _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	3.63	.250	0	200

Perforations:
 Type perforation **SAWCUT**
 Size perforation **1/8 X 3**
 From 100 feet to 120 feet
 From 140 feet to 160 feet
 From 180 feet to 200 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 200 feet

9. WATER LEVEL
 Static water level 61 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 **7/16/2007**