

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. **32704**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER **SALVATO NICHOLAS** ADDRESS AT WELL LOCATION **2670 W. CARNATION WAY**
 MAILING ADDRESS **2670 W. CARNATION WAY**
PAHRUMP, NV

2. LOCATION **SE 1/4 SW 1/4 Sec. 30 T 20S** N/S R **53E E NYE** County
 PERMIT NO. **41-532-27** **GOLDEN SPRING RANCH UNIT 4**
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE Domestic Municipal/Industrial Irrigation Monitor Test Stock
 5. WELL TYPE Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CLAY & CALICHE		0	82	82
CALICHE	WB	82	84	2
CLAY		84	121	37
CALICHE	WB	121	143	22
CLAY		143	165	22
CALICHE	WB	165	191	26
CLAY		191	200	9

WGS84
 N 36 DEGREES 10.662
 W 116 DEGREES 03.736

8. WELL CONSTRUCTION
 Depth Drilled **200** Feet Depth Cased **200** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
10	0	200	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	3.63	.280	0	200

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

From	To	Feet
140	200	

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal **50**
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **50** feet to **200** feet

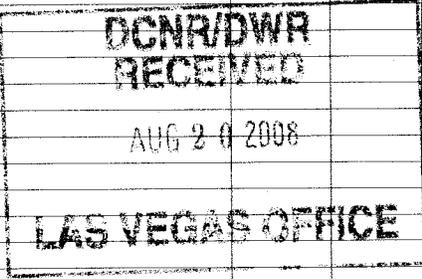
9. WATER LEVEL
 Static water level **65** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

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 **1642**
 Signed *[Signature]* By driller performing actual drilling on-site or contractor
 Date **8/15/2008**

7. WELL TEST DATA

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)	



Date started **8/15/2008**, 19
 Date completed **8/15/2008**, 19