

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

OFFICE USE ONLY
 Log No. 43316
 Permit No. _____
 Basin 16a

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. 12253

1. OWNER CHUCK PRICE ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____ LOT 12 DAKRIDGE
 _____ PAHRUMP NV

2. LOCATION SW 1/4 SE 1/4 Sec. 36 T. 20S N/S R. 53 E. NYE County _____
 PERMIT NO. _____ 41-222-02 UNIT 2 CALVADA
 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	5	5
CALICHIE		5	8	3
CLAY		8	21	13
CALICHIE		21	23	2
CLAY		23	53	30
CALICHIE		53	54	1
CLAY		54	75	21
CALICHIE		75	78	3
CLAY		78	92	14
CALICHIE	WB	92	94	2
CLAY		94	115	21
CALICHIE	WB	115	119	4
CLAY		119	134	15
CALICHIE	WB	134	140	6
		140		140

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet

HOLE DIAMETER (BIT SIZE)
 From 12.25 Inches To 0 Feet 140 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
85 \ 8	16.9	.188	0	140

Perforations:
 Type perforation FACTORY SAW CUT
 Size perforation 1 \ 8 x 3"
 From 100 feet to 120 feet
 From _____ feet to _____ 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 140 feet

9. WATER LEVEL
 Static water level 53 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

RECEIVED
 NOV 12 1993
 Div. of Water Resources
 Branch Office - Las Vegas, NV

Date started 9-29-93 19_____
 Date completed 10-1-93 19_____
 7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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., INC. Contractor
 Address HCR 78 BOX 80358 Contractor
PAHRUMP NV 89041
 Nevada contractor's license number 30880 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1642
 Signed Thomas Dun By driller performing actual drilling on site or contractor
 Date 10-23-93