

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

OFFICE USE ONLY
Log No. 123355
Permit No. _____
Basin _____

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. 72964

1. OWNER TONY MILLER
MAILING ADDRESS 1241 E FREMONT ST
PAHRUMP NV 89048

ADDRESS AT WELL LOCATION 1241 E FREMONT
PAHRUMP
Subdivision Name: J1 MESA OESTE ESTATE County: NYE

2. LOCATION SW 1/4 NW 1/4 Sec 14 T 21S N 53 E
PERMIT/WAIVER No. 44-721-09
Issued by Water Resources Parcel No.

Latitude N36°07'38.9" UTM E NAD 27
Longitude W115°59'19.9" N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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	Thick-ness
EXISTING		0	140	-140
CLAY & SAND		165	170	-5
CALICHIE	WB	170	195	-25
CLAY		195	205	-10
CALICHIE	WB	205	220	-15
CLAY		220	230	-10
CALICHIE	WB	230	240	-10
DCNR/DWRS/NBO RECEIVED MAY 22 2015				
Existing log # 34597				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
240		240	

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
EXISTING	0	140	
7-7/8	140	240	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8	16.94	.188	0	140
4.5	2.37	.248	140	240

Perforations:

Type of perforation SCREEN
Size of perforation .032

From 140 feet to 240 feet
From _____ feet to _____ feet

Annular Seal: Yes No EXISTING

Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 6 to 240 Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: 6-May, 20 15
Date completed: 6-May, 20 15

7. Water Level
Static water level: 90 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailor 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
Contractor

Address 1220 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 2513

Signed Keith Arvan
By driller performing actual drilling on site or contractor

Date 5/7/2015