

Log No. 27506
 Permit No. _____
 Basin _____

WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 2297

PRINT OR TYPE ONLY

1. OWNER Eus Frasca ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 SW 1/4 Sec 6 T 20S N/S R 53 E Nye County
 PERMIT NO. 1 Parcel No. _____ Subdivision Name Green Bee Ranches

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Top soil		0	47	47
Caliche		47	57	4
Clay		57	80	29
Caliche	X	80	85	5
Clay		85	101	16
Caliche	X	101	105	4
Clay		105	140	35
Caliche	X	140	147	7
Clay		147	160	13

8. WELL CONSTRUCTION
 Diameter hole 12 3/4 inches Total depth 160 feet
 Casing record 161 8 3/8
 Weight per foot 14.11 Thickness 156
 Diameter 8 3/8 inches From -1 feet To 160 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Cement
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from 50 feet to 160 feet
 Perforations:
 Type perforation Torch
 Size perforation 1/8 x 6"
 From 120 feet to 160 feet
 From _____ feet to _____ feet

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 MAY 5 1986

Div. of Water Resources
 Branch Office - Las Vegas, NV

Date started 1-11- 1986
 Date completed 1-11- 1986

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

9. WATER LEVEL
 Static water level 40 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ ° F. Quality _____

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Custom Drilling inc Contractor
 Address 4425 Stacey Ave inc Contractor
 Nevada contractor's license number 19219
 Nevada contractor's drillers number _____
 Nevada driller's license number 1081
 Signed L.B. Casper Actual Driller
 Date 2-2-86 Contractor

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours