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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. **8812**

1. OWNER **RAY MIELZYNSKI** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
 2. LOCATION **SW 1/4 SW 1/4 Sec 7 T 19 N/S R. 53 E NVE** County _____
 PERMIT NO. **3** Parcel No. **27-241-25** Subdivision Name _____
 Issued by Water Resources _____

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
SANDY LOAM + GRAVEL		0	23	23
PEA GRAVEL		23	28	5
CEMENTED SAND + GRAVEL		28	67	39
CLAY + GRAVEL		67	84	17
CEMENTED SAND + GRAVEL		84	115	31
CLAY + GRAVEL		115	120	5
SAND + GRAVEL	WB	120	165	45

8. WELL CONSTRUCTION
 Depth Drilled **165** Feet Depth Cased **165** Feet
 HOLE DIAMETER (BIT SIZE)
 From **9 7/8** Inches To **0** Feet **165** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 3/8	12.92	.188	0	165

Perforations:
 Type perforation **FACTORY SAW CUT**
 Size perforation **2 X 3.10 CH**
 From **165** feet to **145** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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 **165** feet to **50** feet

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SEP 20 1991

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

Date started **9-3**, 19**91**
 Date completed **9-10**, 19**91**

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level **101** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COOL** °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** Contractor
 Address **HCR 78 BOX 80358** Contractor
PATRUMP, 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 **1573**
 Signed **Tommy Brown**
 By driller performing actual drilling on site or contractor
 Date **9-17-91**