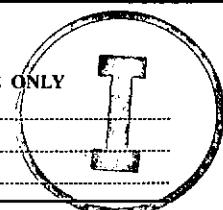


Log No. **40711**

Permit No. **162**

Basin **162**



PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. **11579**

1. OWNER Leroy Fisher ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 SW 1/4 Sec. 14 T 20S N/S R 53 E Nye County _____
 PERMIT NO. 36-212-22 Issued by Water Resources Parcel No. _____ Subdivision Name Charleston Park

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	Thick-ness
Clay		0	6	6
Caliche		6	8	2
Clay		8	21	13
Caliche		21	23	2
Clay		23	33	10
Caliche		33	37	4
Clay		37	49	12
Caliche	WB	49	51	2
Clay		51	72	21
Caliche	WB	72	74	2
Clay		74	86	12
Caliche	WB	86	88	2
Clay		88	94	6
Caliche	WB	94	96	2
Clay		96	108	12
Caliche	WB	108	110	2
Clay		110	126	16
Caliche	WB	126	128	2
Clay		128	135	7
Caliche	WB	135	137	2
Clay		137	140	3

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 0 Feet
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)
<u>4 5/8</u>	<u>16.94</u>	<u>1.88</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation Factory Saw cut
 Size perforation 1/8 x 3
 From 120 feet to 140 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Depth of Seal 50 Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 140 feet

RECEIVED
 MAR 16 1993
 Div. of Water Resources

9. WATER LEVEL
 Static water level 48 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Branch Office - Las Vegas, NV
 Date started 2-1 1993
 Date completed 2-5 1993

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			

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
Fahrump NV 89041
 Nevada contractor's license number issued by the State Contractor's Board 30880
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1642
 Signed Thomas Dem
 By driller performing actual drilling on site or contractor
 Date 3-9-93