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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. **11704**  
 ADDRESS AT WELL LOCATION **GOODSPRINGS NV, SAN PEDRO AVE.**

1. OWNER **LEWIS CAMPBELL**  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION **NE 1/4 SE 1/4 Sec 26 T 24 S N 58 R 58 E CLARK** County  
 PERMIT NO. **580-690-25**  
 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	Thick-ness
CLAY + GRAVEL		0	8	8
RED CLAY		8	28	20
CEMENTED SAND + GRAVEL		28	35	7
RED CLAY		35	65	30
RED SANDSTONE		65	75	10
CLAY + GRAVEL		75	110	35
SANDSTONE		110	120	10
LIME STONE		120	200	80
WELDED TUFF		200	300	100
WELDED TUFF w/ FRACTURES	W.B.	300	330	30

8. WELL CONSTRUCTION  
 Depth Drilled **330** Feet Depth Cased **330** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 12 1/2 Inches To 0 Feet  
 From 9 7/8 Inches To 60 Feet  
 From 8 Inches To 200 Feet  
 From 8 Inches To 330 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.94	.188	0	200
6 5/8	12.92	.188	190	330

Perforations:  
 Type perforation **FACTORY SAW CUT**  
 Size perforation **8 INCH BY 3 INCH**  
 From **330** feet to **310** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **50**  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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 APR 29 1993  
 Div. of Water Resources  
 Branch Office - Las Vegas, NV

9. WATER LEVEL  
 Static water level **250** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **COOL** °F Quality \_\_\_\_\_

Date started **4-1** 19 **93**  
 Date completed **4-9** 19 **93**

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  
**SAHRUMP 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 **1573**  
 Signed **Annie Brown**  
 By driller performing actual drilling on site or contractor  
 Date **4-26-93**