



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. 12630

1. OWNER Dwaine Hubbard ADDRESS AT WELL LOCATION Spring Mountain Vista
 MAILING ADDRESS _____
 2. LOCATION NW 1/4 NW 1/4 Sec. 15 T. 19S N/S R. 53 E Nye County _____
 PERMIT NO. 29-222-14 Parcel No. _____ Country place II 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	Thickness
Sandy clay		0	8	8
Caliche		8	10	2
clay		16	19	9
Caliche		19	21	2
clay		21	42	21
Sandstone		42	48	6
clay		48	57	9
Caliche		57	59	2
clay		59	70	11
clay/gravel		70	102	32
clay		102	108	6
Caliche	WB	108	110	2
clay		110	121	11
Caliche	WB	121	123	2
clay		123	142	19
caliche	WB	142	145	3
clay		145	168	23
Caliche	WB	168	171	3
clay		171	185	14
Gravel	WB	185	200	15

8. WELL CONSTRUCTION
 Depth Drilled 200 Feet Depth Cased 300 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 0 Feet 200 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>	<u>16.94</u>	<u>.188</u>	<u>0</u>	<u>200</u>

Perforations:
 Type perforation Factory Saw cut
 Size perforation 1 7/8 x 3
 From 160 feet to 180 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 50 feet to 200 feet

Date started 6-30 1993
 Date completed 7-2 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			

9. WATER LEVEL
 Static water level 105 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °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 HERTB Box 80358 Contractor
Pahrump 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 Dun
 By driller performing actual drilling on site or contractor
 Date 7-6-93

RECEIVED
 JUL 13 1993
 Div. of Water Resources
 Branch Office - Las Vegas, NV