

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

Log No. 42235
 Permit No. _____
 Basin _____
 NOTICE OF INTENT NO. 10904

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER Tim Blanchard ADDRESS AT WELL LOCATION I Street
 MAILING ADDRESS _____

2. LOCATION NE 1/4 NE 1/4 Sec 26 T 20S N/S R 53 E Nye County
 PERMIT NO. 28-592-12 Parcel No. Vegas Acres Subdivision Name Unit 2
 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
clay		0	7	7
caliche		7	9	2
clay		9	28	19
caliche		28	32	4
clay		32	54	22
caliche	WB	54	64	10
clay		64	78	14
caliche	WB	78	81	3
clay		81	95	14
caliche	WB	95	99	4
clay		99	118	19
caliche	WB	118	123	5
clay		123	134	11
caliche	WB	134	136	2
clay		136	140	4

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet

HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 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>8 5/8</u>	<u>16.94</u>	<u>.188</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation Factory Sawcut
 Size perforation 1/8 V 3
 From 100 feet to 120 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

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

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

Date started 6-24 1993
 Date completed 6-26 1993

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <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 96358 Contractor
Phonix NV 89011
 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 Dan
 By driller performing actual drilling on site or contractor
 Date 7-23-93