

OFFICE USE ONLY
 Log No. 42241
 Permit No. _____
 Basin _____
 NOTICE OF INTENT NO. 10863

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

1. OWNER Ken Lubesk ADDRESS AT WELL LOCATION Lot 5 Pioche St
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 NW 1/4 Sec 2 T. 21 S. N/S R. 53 E Nye County
 PERMIT NO. 44-162-09 Parcel No. Gunnabard 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		0	5	5
Caliche		5	7	2
Clay		7	21	14
Caliche		21	35	14
Clay		35	61	26
Caliche	WB	61	63	22
Clay		63	88	25
Caliche	WB	88	91	3
Clay		91	99	8
Caliche	WB	99	101	2
Clay		101	122	21
Caliche	WB	122	124	2
Clay		124	131	7
Caliche	WB	131	133	2
Clay		133	139	6
Caliche	WB	139	140	1
Clay				
Caliche	WB			

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 1 1/4 Inches To 6 Feet 1 1/2 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>1.85</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation Factory Saw Cut
 Size perforation 1/8 x 3
 From 100 feet to 120 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 140 feet

9. WATER LEVEL
 Static water level 49 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 7-22 1993
 Date completed 7-24 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			

RECEIVED
 AUG 24 1993
 Div. of Water Resources
 Branch Office Las Vegas, NV

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 70 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 Dan
 By driller performing actual drilling on site or contractor
 Date 8-11-93