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WELL DRILLER'S REPORT *in book*

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

NOTICE OF INTENT NO. **12056**

1. OWNER **CHARLES BLOOM** ADDRESS AT WELL LOCATION
MAILING ADDRESS **LOT 158 CHARLESTON PARK**
PAHRUMP NV

2. LOCATION **SE 1/4 SE 1/4 Sec. 13 T.20S N/S R. 52 E. NYE** County
 PERMIT NO. **28-681-09** **CHARLSTON PARK RANCHOS** 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	7	7
CALICHIE		7	9	2
CLAY		9	18	9
CALICHIE		18	20	2
CLAY		20	32	12
CALICHIE		32	34	2
CLAY		34	54	20
CALICHIE		54	57	3
CLAY		57	76	19
CALICHIE	WB	76	78	2
CLAY		78	92	14
CAHICHIE	WB	92	95	3
CLAY		95	101	6
CALICHIE	WB	101	103	2
CLAY		103	114	11
CALICHIE	WB	114	117	3
CLAY		117	128	11
CALICHIE	WB	128	132	4
CLAY		132	137	5
CALICHIE	WB	137	139	2
CLAY		139	140	1
	WB	140		140

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

HOLE DIAMETER (BIT SIZE)
 From **12.25** Inches To **140** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
85\8	16.9	.188	0	140

Perforations:
 Type perforation **FACTORY SAW CUT**
 Size perforation **1\8 X 3"**
 From **100** feet to **120** feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 **46** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **8-2-93**, 19____
 Date completed **8-6-93**, 19____

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 CO INC**
 Contractor
 Address **HCR 78 BOX 80358**
PAHRUMP NV 89041

Nevada contractor's license number **30880**
 issued by the State Contractor's Board

Nevada driller's license number issued by the **1642**
 Division of Water Resources, the on-site driller

Signed *Thomas Dan*
 By driller performing actual drilling on site or contractor
 Date **9-2-93**

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