

WELL DRILLER'S REPORT

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

42983
OFFICE USE ONLY
92983

Log No. _____
 Permit No. _____
 Basin _____

NOTICE OF INTENT NO. 12247

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER KEN GAGER ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____ LOT 33 CALVADA BOULEVARD
 PAHRUMP, NV _____

2. LOCATION SE 1/4 NW 1/4 Sec 29 T.30S N/S R. 53 E. NYE County _____
 PERMIT NO. _____ UNIT 88 CALVADA
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	Thickness
CLAY		0	6	6
CALICHIE		6	8	2
CLAY		8	18	10
CALICHIE		18	21	3
CLAY		21	33	12
CALICHIE		33	37	4
CLAY		37	49	12
CALICHIE	WB	49	53	4
CLAY		53	59	6
CALICHIE	WB	59	62	3
CLAY		62	71	9
CALICHIE	WB	71	73	2
CLAY		73	82	9
CALICHIE	WB	82	87	5
CLAY		87	104	17
CALICHIE	WB	104	107	3
CLAY		107	119	12
CALICHIE	WB	119	122	3
CLAY		122	134	12
CALICHIE	WB	134	134	0
CLAY		134	138	4
CALICHIE	WB	138	140	2
		140		140

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

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12.25 Inches 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)
85.8	16.9	.188	0	140

Perforations:
 Type perforation FACTORY SAW CUT
 Size perforation 1 1/8 x 3/4
 From _____ feet to _____ feet
 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 49 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 CO. INC. Contractor
 Address HER 78 BOX 80358 Contractor
PAHRUMP NV 89041

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

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 10-23-93

Date started 9-10-93, 19____
 Date completed 9-12-93, 19____

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

RECEIVED
 NOV 12 1993
 Div. of Water Resources
 Branch Office - Las Vegas, NV