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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. 2245

1. OWNER **BOB DIXON** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____ LOT 505 CHEYENE ST
 _____ PAHRUMP NV
 2. LOCATION **SW SW 1/4 Sec 20 T21S N/S R54 E NYE** County _____
 PERMIT NO. **45-316-16** GREEN SADDLE RANCH
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	Thick-ness
CLAY		0	5	5
CALICHIE		5	8	3
CLAY		8	19	11
CALICHIE		19	27	8
CLAY		27	39	12
CALICHIE		39	43	4
CLAY		43	49	6
CALICHIE	WB	49	52	3
CLAY		52	75	23
CALICHIE	WB	75	77	2
CLAY		77	81	4
CALICHIE	WB	81	83	2
CLAY		83	90	7
CALICHIE	WB	90	93	3
CLAY		93	103	10
CALICHIE	WB	103	106	3
CLAY		106	115	9
CALICHIE	WB	115	119	4
CLAY		119	128	9
CALICHIE	WB	128	132	4
CLAY		132	135	3
CALICHIE	WB	135	138	3
CLAY		138	140	2
		140		140

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Feet To 140 Feet
12.25 Inches _____ Feet _____ 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
 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 **50** feet to **140** feet

Date started **9-7-93** 19_____
 Date completed **9-8-93** 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			

9. WATER LEVEL
 Static water level **54** 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 **HCR 78 BOX 80358**
PAHRUMP NV 89041
Contractor
 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 **10-1-93**

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