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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. **12235**

1. OWNER GORDON COKER ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 SW 1/4 Sec. 5 T. 25S N/S R. 57 E. CLARK County _____
 PERMIT NO. 620-470-001 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
SANDY CLAY		0	8	8
CALICHIE		8	10	2
CLAY		10	17	7
CALICHIE		17	19	2
CLAY		19	28	9
CALICHIE		28	30	2
CLAY		30	37	7
CALICHIE		37	39	2
CLAY		39	46	7
CALICHIE	WB	46	48	2
CLAY		48	54	6
CALICHIE	WB	54	56	2
SAND	WB	56	67	11
CALICHIE	WB	67	70	3
SAND	WB	70	81	11
CALICHIE	WB	81	84	3
SAND	WB	84	89	5
CALICHIE	WB	89	94	5
SAND	WB	94	99	5
CALICHIE	WB	99	103	4
SAND	WB	103	110	7
CALICHIE	WB	110	115	5
CLAY		115	118	3
CALICHIE	WB	118	120	2
		120		120

8. WELL CONSTRUCTION
 Depth Drilled 120 Feet Depth Cased 120 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12.25 Inches 0 Feet 120 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	120

Perforations:
 Type perforation FACTORY SAW CUT
 Size perforation 1\8 X 3"
 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:
 Depth of Seal 50 _____
 Neat Cement
 Cement Grout
 Placement Method: Pumped Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 120 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 50 feet below land surface
 Artesian flow 50 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 80758 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 642
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 9-23-93



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