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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. 12481

1. OWNER TRAVIS BARTLETT ADDRESS AT WELL LOCATION LOT 3 GALLY ST PAHRUMP NV
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 SW 1/4 Sec 30 T 19S N/S R 53 E NYE County NYE
 PERMIT NO. 29-512-09 TUMBLEWEED EST
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	9	4
CLAY		9	39	30
CALICHIE		39	44	5
CLAY		44	56	12
CALICHIE	WB	56	62	6
CLAY		62	86	24
CALICHIE	WB	86	88	2
CLAY		88	101	13
CALICHIE	WB	101	108	7
CLAY		108	121	13
CALICHIE	WB	121	126	5
CLAY		126	137	11
CALICHIE	WB	137	140	3
		140		140

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 140
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 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

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 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 [Signature] By driller performing actual drilling on site or contractor
 Date 12/20/93

Date started 12-15-93, 19____
 Date completed 12-20-93, 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			

RECEIVED
 JAN 11 1994
 Div. of Water Resources