

Log No. **43376**

Permit No. \_\_\_\_\_

Basin. **162**



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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. \_\_\_\_\_

1. OWNER: **JOHN BAUER** ADDRESS AT WELL LOCATION: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ LOT 9 WOODCHIPS  
 PAHRUMP, NV

2. LOCATION: **NE 1/4 Sec 7 T20S N/S R.53 E. N/E** County \_\_\_\_\_

PERMIT NO. **36-571-09** Issued by Water Resources Parcel No. \_\_\_\_\_ GREEN BEE Subdivision Name \_\_\_\_\_

3. WORK PERFORMED:  New Well  Replace  Recondition  Deepen  Abandon  Other \_\_\_\_\_

4. PROPOSED USE:  Domestic  Municipal/Industrial  Irrigation  Monitor  Test  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	16	7
CALICHIE		16	18	2
CLAY		18	33	15
CALICHIE		33	35	2
CLAY		35	49	14
CALICHIE	WB	49	51	2
CLAY		51	63	12
CALICHIE	WB	63	66	3
CLAY		66	77	11
CALICHIE	WB	77	79	2
CLAY		79	86	7
CALICHIE	WB	86	88	2
CLAY		88	109	21
CALICHIE	WB	109	112	3
CLAY		112	123	11
CALICHIE	WB	123	125	2
CLAY		125	134	9
CALICHIE	WB	134	137	3
CLAY		137	140	3
		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"**

From **120** feet to **140** 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: **48** feet below land surface

Artesian flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.

Water temperature: \_\_\_\_\_ °F Quality: \_\_\_\_\_

Date started: **10-11-93**, 19\_\_\_\_

Date completed: **10-14-93**, 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: **BOX 78 BOX 80752 PAHRUMP NV 89041** Contractor

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: **Thomas Dan**  
 By driller performing actual drilling on site or contractor

Date: **11-20-93**

**RECEIVED**  
**DEC 28 1993**  
 Div. of Water Resources  
 Branch Office - Las Vegas, NV