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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

1. OWNER ELDEE VANDERPOOL ADDRESS AT WELL LOCATION LOT 7 VICKIE ANN PAHRUMP NV
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 SE 1/4 Sec. 14 T. 21S N/S R. 53 E NYE County LAS CASITAS
 PERMIT NO. 44-672-02 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	4	4
CALICHIE		4	8	4
CLAY		8	17	9
CALICHIE		17	20	3
CLAY		20	34	14
CALICHIE		34	36	2
CLAY		36	53	17
CALICHIE	WB	53	57	4
CLAY		57	67	10
CALICHIE	WB	67	75	8
CLAY		75	78	3
CALICHIE	WB	78	84	6
CLAY		84	97	13
CALICHIE	WB	97	103	6
CLAY		103	112	9
CALICHIE	WB	112	114	2
CLAY		114	124	10
CALICHIE	WB	124	132	8
CLAY		132	138	6
CALICHIE	WB	138	140	2
		140		140

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 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
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: _____
 Depth of Seal 50
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 140 feet

Date started 11-4-93 19____
 Date completed 11-6-93 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			

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 Div. of Water Resources
 Las Vegas, NV

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 [Signature]
 By driller performing actual drilling on site or contractor
 Date 11-20-93