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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. 12294

1. OWNER TOM LINS ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
PAHRUMP NV 89041  
 2. LOCATION SW 1/4 NE 1/4 Sec. 35 T 19S N/S R 53 E NYE County \_\_\_\_\_  
 PERMIT NO. 27-410-24  
 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
COBBLES CLAY		0	45	45
ROCK SAND		45	75	30
CEMENTED SAND ROCK		75	125	50
CLAY GRAVEL		125	155	30
GRAVEL SAND		155	235	80
GRAVELSAND	WB	235	325	90
		325		325

8. WELL CONSTRUCTION  
 Depth Drilled 325 Feet Depth Cased 325 Feet

HOLE DIAMETER (BIT SIZE)  
 From 0 To 325  
12 1/4 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)
<u>8 5/8</u>	<u>16.9</u>	<u>.188</u>	<u>0</u>	<u>325</u>

Perforations: **FACTORY SAW CUT**  
 Type perforation \_\_\_\_\_  
 Size perforation 1 1/8 X 3"  
 From 285 feet to 305 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 \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 50 feet to 325 feet

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 JUN 2 1994  
 Div. of Water Resources  
 Branch Office - Las Vegas, NV

9. WATER LEVEL  
 Static water level 215 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 4-18-94, 19\_\_\_\_  
 Date completed 4-30-94, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
**GREAT BASIN DRILLING CO. INC.**  
 Name \_\_\_\_\_ Contractor  
 Address HCR 78 BOX 80358  
PAHRUMP NV 89041  
 Nevada contractor's license number 30880  
 issued by the State Contractor's Board \_\_\_\_\_  
 Nevada driller's license number issued by the 1642  
 Division of Water Resources, the on-site driller \_\_\_\_\_  
 Signed Thomas D...  
 By driller performing actual drilling on site or contractor  
 Date 5-24-94