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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. **12309**

1. OWNER **TERESA WHITNEY** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____ **LOT 428 COMANCHE**
 _____ **PAHRUMP NV 89041**
 2. LOCATION **NE 1/4 SW 1/4 Sec. 20 T 21S N/S R 54 E NYE** County _____
 PERMIT NO. **45-311-29** **GREEN SADDLE RANCH**
 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	4	4
CALICHIE		4	9	5
CLAY		9	20	11
CALICHIE		20	25	5
CLAY		25	32	7
CALICHIE		32	35	3
CLAY		35	51	16
CALICHIE		51	57	6
CLAY		57	70	13
CALICHIE	WB	70	73	3
CLAY		73	89	16
CALICHIE	WB	89	91	2
CLAY		91	109	18
CALICHIE	WB	109	114	5
CLAY		114	122	8
CALICHIE	WB	122	125	3
CLAY		125	131	6
CALICHIE	WB	131	134	3
CLAY		134	140	6
		140		140

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet
 HOLE DIAMETER (BIT SIZE)
 12.25 Inches From 0 Feet To 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 **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
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **50** feet to **140** feet

9. WATER LEVEL
 Static water level **56** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **4-28-94**, 19_____
 Date completed **4-30-94**, 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 **HCR 78 BOX 80350** 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 **1642**
 Signed **Thomas De...**
 By driller performing actual drilling on site or contractor
 Date **5/24/94**

RECEIVED
 JUN 7 1994
 Div. of Water Resources
 Branch Office - Las Vegas, NV