

PRINT OR TYPE ONLY
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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. **13008**

1. OWNER **CONRAD Cardero** ADDRESS AT WELL LOCATION **Lot 656 Kisha**
 MAILING ADDRESS _____

2. LOCATION **NE 1/4 NE 1/4 Sec. 29 T. 21S N/S R. 54 E Dye** County _____
 PERMIT NO. **45-332-27** Parcel No. _____ Subdivision Name **Green saddle ranch**

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
Sandy silt		0	12	12
Caliche		12	19	7
Clay		19	24	2
Limestone		21	32	11
Caliche		32	37	5
Clay		37	68	31
Caliche	WB	68	78	10
Clay		78	94	16
Caliche	WB	94	94	5
Clay		99	111	12
Caliche	WB	111	121	10
Clay		121	125	4
Caliche	WB	125	128	3
Clay		128	134	6
Caliche	WB	134	140	6

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet
 HOLE DIAMETER (BIT SIZE)
 From **12 1/4** Inches 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)
8 3/8	16.94	.188	0	140

Perforations:
 Type perforation **Factory Summit**
 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
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **50** feet to **140** feet

9. WATER LEVEL
 Static water level **42** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **2-24**, 19**94**
 Date completed **2-26**, 19**94**

7. WELL TEST DATA

TEST METHOD:	TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> 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.
 Name **Great Basin Drilling** Contractor
 Address **Hel 78 Box 80358** Contractor
Philmont 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 **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **3-15-94**

RECEIVED
 APR 26 1994
 Div. of Water Resources
 Branch Office - Las Vegas, NV