

OFFICE USE ONLY
 Log No. **45350**
 Permit No. **162**
 Basin **162**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. **12312**

1. OWNER **JOHN BALL** ADDRESS AT WELL LOCATION
MAILING ADDRESS **LOT 45 MARTIN ST**
PAHRUMP NV 89041

2. LOCATION **SW 1/4 NE 1/4 Sec. 29 T. 21S N/S R. 54 E. NYE** County
 PERMIT NO. **45-391-25** **FOX HOLLOW**

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
COBBLES		4	14	10
CLAY		14	19	5
CALICHIE		19	24	5
CLAY		24	37	13
LIMESTONE		37	55	18
CLAY		55	61	6
CALICHIE		61	63	2
CLAY		63	72	9
CALICHIE	WB	72	74	2
CLAY		74	81	7
CALICHIE	WB	81	83	2
CLAY		83	92	9
LIMESTONE	WB	92	96	4
CLAY		96	107	11
CALICHIE	WB	107	110	3
CLAY		110	126	16
CALICHIE	WB	126	130	4
CLAY		130	135	5
CALICHIE	WB	135	137	2
CLAY		137	140	3
		140		140

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet

HOLE DIAMETER (BIT SIZE)
 From 0 To 140 Feet
12 1/4 Inches

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	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:
 Depth of Seal **50** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **50** feet to **140** feet

Date started **4-28-94**, 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)

9. WATER LEVEL
 Static water level **63** 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.**
 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**

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