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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. **12888**

1. OWNER **FRANCIS MONTOYA** ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ **4461 E SAVOY**  
 \_\_\_\_\_ **PAHRUMP NV 89041**  
 2. LOCATION **NE 1/4 SW 1/4 Sec 20 T 21S R 54 NYS E NYE** County \_\_\_\_\_  
 PERMIT NO. \_\_\_\_\_ **45-311-02** Subdivision Name **GREEN SADDLE RANCH**  
 Issued by Water Resources Parcel No. \_\_\_\_\_

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	5	5
CALICHIE		5	8	3
CLAY		8	17	9
CALICHIE		17	22	5
CLAY		22	48	26
CALICHIE		48	59	11
CLAY		59	71	12
CALICHIE	WB	71	78	7
CLAY		78	92	14
CALICHIE	WB	92	97	5
CLAY		97	109	12
CALICHIE	WB	109	116	7
CLAY		116	127	11
CALICHIE	WB	127	129	2
CLAY		129	134	5
CALICHIE	WB	134	140	6
		140		140

8. WELL CONSTRUCTION  
 Depth Drilled **140** Feet Depth Cased **140** Feet  
 HOLE DIAMETER (BIT SIZE)  
 12 1/4 Inches From 0 Feet 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 5/8	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

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 **58** 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.  
**GREAT BASIN DRILLING CO. INC.**  
 Name \_\_\_\_\_ Contractor  
 Address **HCR 78 BOX 80358**  
**PAHRUMP NV 89041**

Date started **5-12-94**, 19\_\_\_\_\_  
 Date completed **5-14-94**, 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			

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 **[Signature]**  
 By driller performing actual drilling on site or contractor  
 Date **6/10/94**