

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY

Log No. 15577
 Permit No. _____
 Basin _____

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 13718

1. OWNER HORACE LANGFORD ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____ 1861 E HERITAGE
PAHRUMP NV 89041
 2. LOCATION NE 1/4 SE 1/4 Sec. 11 T.21S N/S R. 53 E. NYE County _____
 PERMIT NO. 44-311-04 JOYCELYN ESTATES
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	Thickness
CLAY		0	7	4
CALICHIE		4	9	4
CLAY		8	34	28
CALICHIE		36	38	2
CLAY		38	63	26
CALICHIE	WB	64	68	3
CLAY		67	83	18
CALICHIE	WR	85	89	2
CLAY		87	107	16
CALICHIE	WR	103	109	4
CLAY		107	120	14
CALICHIE	WR	121	124	3
CLAY		124	136	12
CALICHIE	WR	136	140	4
		140	140	

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12.25 Inches _____ 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)
<u>85.8</u>	<u>16.9</u>	<u>.188</u>	<u>0</u>	<u>140</u>

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:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 50
 Placement Method: Pumped
 Poured
 Gravel Packed: Yes No
 From X feet to _____ feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow 54 G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started _____, 19____
 Date completed 8-4-94, 19____
8-6-94

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.
 Address HCR 78 BOX 80356 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 _____
 By driller performing actual drilling on site or contractor
 Date 8-26-94

RECEIVED

SEP 07 1994

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