

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. **47630**
 Permit No. **162**
 Basin **162**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **16157**

1. OWNER **Astrom** ADDRESS AT WELL LOCATION **1991 Silver Peak**
 MAILING ADDRESS _____
 2. LOCATION **SW 1/4 NW 1/4 Sec. 20 T 20 S N/S R 53 E Nye** County
 PERMIT NO. **39-101-08** Parcel No. **Calvada Valley** 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	3	3
Caliche		3	5	2
Clay		5	13	8
Caliche		13	27	14
Clay		27	38	11
Caliche		38	43	5
Clay		43	58	15
Caliche	WB	58	61	3
Clay		61	74	13
Caliche	WB	74	76	2
Clay		76	88	12
Caliche	WB	88	96	8
Clay		96	101	5
Caliche	WB	101	103	2
Clay		103	112	9
Caliche	WB	112	115	3
Clay		115	123	8
Caliche	WB	123	125	2
Clay		125	137	12
Calich	WB	137	140	3

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 7/8	16.94	.178	0	140

Perforations:
 Type perforation **Factory Saw Cut**
 Size perforation **3/8"**
 From _____ feet to _____ feet
 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 **50** feet to **140** feet

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 Branch Office - Las Vegas, NV

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

Date started **May 25**, 19 **95**
 Date completed **5/27**, 19 **95**

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** Contractor
 Address **HCR 78 Box 80358** Contractor
Rahrum, 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 Dan**
 By driller performing actual drilling on site or contractor
 Date **5/30/95**