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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. 17083

1. OWNER Harry Schrieken ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____ 95 MAIN ST
Goodsprings
 2. LOCATION SE 1/4 NE 1/4 Sec. 26 T. 24S N/S R. S8 E CLARK County
 PERMIT NO. 580-644-013 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
<u>cobbles - dirt</u>		<u>0</u>	<u>6</u>	<u>6</u>
<u>Red clay - cobbles</u>		<u>6</u>	<u>14</u>	<u>8</u>
<u>caliche Redelay</u>		<u>14</u>	<u>17</u>	<u>3</u>
<u>Clay</u>		<u>17</u>	<u>28</u>	<u>11</u>
<u>caliche</u>		<u>28</u>	<u>31</u>	<u>3</u>
<u>Clay</u>		<u>31</u>	<u>48</u>	<u>17</u>
<u>caliche</u>		<u>48</u>	<u>56</u>	<u>8</u>
<u>Clay</u>		<u>56</u>	<u>64</u>	<u>12</u>
<u>caliche</u>		<u>64</u>	<u>73</u>	<u>5</u>
<u>Limestone</u>		<u>73</u>	<u>185</u>	<u>112</u>
<u>Limestone</u>	<u>w3</u>	<u>185</u>	<u>235</u>	<u>50</u>

8. WELL CONSTRUCTION
 Depth Drilled 235 Feet Depth Cased 235 Feet

HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 0 Feet 235 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>	<u>16.94</u>	<u>.188</u>	<u>0</u>	<u>150</u>
<u>6 3/4</u>	<u>12.92</u>	<u>.188</u>	<u>150</u>	<u>235</u>

Perforations:
 Type perforation Factory Saw cut
 Size perforation 1/4 x 3
 From 19.5 feet to 235 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 _____ feet to _____ feet

9. WATER LEVEL
 Static water level 175 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 9-16 1995
 Date completed 9-13 1995

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
Pharrup 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 Thomas D...
 By driller performing actual drilling on site or contractor
 Date 10/2/95

