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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. 26765

1. OWNER Russ Lewis ADDRESS AT WELL LOCATION Via Elm, Carson 1090
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 NE 1/4 Sec. 24 T. 17 N/S R. 24 E. Pahrump County _____
 PERMIT NO. N/A Issued by Water Resources Parcel No. 17-413-03 Subdivision Name Pahrump No. 1

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 Mod

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Surface Clay		0	2	2
Sand pit		2	15	13
1/2 Course Sand		15	83	68
Clay		83	121	38
Sand, Silt	121	83	121	38
Course Sand &	135	121	135	14
1/4 minor gravel				

8. WELL CONSTRUCTION
 Depth Drilled 135 Feet Depth Cased 136 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 135 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>10 5/8</u>	<u>13</u>	<u>1.88</u>	<u>1</u>	<u>135</u>

Perforations:
 Type perforation Turnout
 Size perforation 3/16 x 6 x 6 # round PAF
 From 130 feet to 135 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 53 Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 53 feet to _____ feet

9. WATER LEVEL
 Static water level 32 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature Very Cold °F Quality Good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Joan Drilling Inc Contractor
 Address 70 599 Contractor
SS NV 89408
 Nevada contractor's license number issued by the State Contractor's Board 0031847
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 12710
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 8/22/95

Date started 8/8/95, 19____
 Date completed 8/10/95, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>60-65</u>	<u>2 3/4</u>	<u>1.0</u>

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 STATE ENGINEERS OFFICE