

OFFICE USE ONLY
 Log No. 50549
 Permit No. _____
 Basin _____
 NOTICE OF INTENT NO. 17312

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

1. OWNER Roger Siewerth ADDRESS AT WELL LOCATION 3830 McGraw
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 NE 1/4 Sec. 19 T. 21S N/S R. 54 E. Nye County
 PERMIT NO. 45-273-46 Green Saddle Ranch
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	3	3
Caliche		3	5	2
Clay		5	22	17
Caliche		22	24	2
Clay		24	31	7
Caliche		31	35	4
Clay		35	46	11
Caliche		46	48	2
Clay		48	59	11
Caliche	WB	59	62	3
Clay		62	69	7
Caliche	WB	69	73	4
Clay		73	88	15
Caliche	WB	88	92	4
Clay		92	101	9
Caliche	WB	101	105	4
Clay		105	114	9
Caliche	WB	114	118	4
Clay		118	126	8
Caliche	WB	126	130	4
Clay		130	140	10

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 5/8	16.94	.188	0	140

Perforations: Factory Saw Cut
 Type perforation _____
 Size perforation 18" x 3"
 From _____ feet to _____ feet
 From 100 feet to 120 feet
 From _____ feet to _____ 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

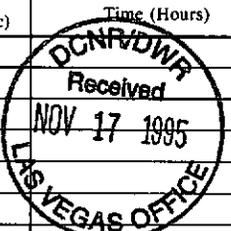
9. WATER LEVEL
 Static water level 58 feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature _____ °F Quality _____

Date started October 27, 1995
 Date completed October 30, 1995

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)



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
Pahrump, NV 89021
 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 11-13/95