

OFFICE USE ONLY
 Log No. 50577
 Permit No. _____
 Basin _____
 NOTICE OF INTENT NO. 16982

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 Rita Meoli ADDRESS AT WELL LOCATION 5670 Deanna
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 SE 1/4 Sec. 11 T. 21 S. N/S R. 53 E. Nye County
 PERMIT NO. 44-321-09 Parcel No. Joycelyn Est 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	2	2
Caliche		2	4	2
Clay		4	15	11
Caliche		15	18	3
Clay		18	28	10
Caliche		28	31	3
Clay		31	37	6
Caliche		37	39	2
Clay		39	52	13
Caliche	WB	52	55	3
Clay		55	64	9
Caliche	WB	64	72	8
Clay		72	78	6
Caliche	WB	78	81	3
Clay		81	89	8
Caliche	WB	89	94	5
Clay		94	103	9
Caliche	WB	103	106	3
Clay		106	115	9
Caliche	WB	115	118	3
Clay		118	129	11
Caliche	WB	129	132	3
Clay		132	140	8

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet

HOLE DIAMETER (BIT SIZE)
 From 0 To 140
12 1/4 Inches _____ Feet _____ 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 7/8</u>	<u>16.94</u>	<u>.188</u>	<u>0</u>	<u>140</u>

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

9. WATER LEVEL
 Static water level 52 feet below surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started December 4, 1995
 Date completed December 6, 1995



7. WELL TEST DATA

TEST METHOD: Bailer 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 PO Box 4220 Contractor
Tahrum, NV - 89041-4220
 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 Dem
 By driller performing actual drilling on site or contractor
 Date 12/12/95