

Log No. 50976
 Permit No. _____
 Basin _____

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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. 15037

1. OWNER James Nicks ADDRESS AT WELL LOCATION 6820 Oakridge
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 SW 1/4 Sec 13 T. 21S N/S R. 53 E County Nye
 PERMIT NO. 44-602-06 Parcel No. _____ Subdivision/Name Conestoga County Est.

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	12	7
Caliche		12	14	2
Clay		14	29	15
Caliche		29	33	3
Clay		33	43	11
Caliche		43	45	2
Clay		45	54	11
Caliche	WB	54	57	3
Clay		57	65	8
Caliche	WB	65	68	3
Clay		68	82	14
Caliche	WB	82	87	5
Clay		87	104	17
Caliche	WB	104	111	7
Clay		111	126	15
Caliche	WB	126	131	5
Clay		131	134	3
Caliche	WB	134	137	3
Clay		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
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 9/8</u>	<u>16.94</u>	<u>.188</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation factory saw cut
 Size perforation 1/8" & 3/8"
 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

Date started February 22, 1996
 Date completed February 24, 1996

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			

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

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 P.O. Box 4220
Pahrump, NV 89041
 Nevada contractor's license number 30880
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1642
 Signed Thomas Dan
 By driller performing actual drilling on site or contractor
 Date 3/7/96

