

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. **51040**
 Permit No. _____
 Basin **162**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **15064**

1. OWNER **GARY GATLIN** ADDRESS AT WELL LOCATION **2101 W MURRAY**
 MAILING ADDRESS _____
 2. LOCATION **SE 1/4 NE 1/4 Sec 30 T. 19S N/S R. 53 E Nye** County
 PERMIT NO. **29-492-31** Parcel No. _____ Subdivision Name **Valley View Acres**

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
clay		0	5	5
caliche		5	7	2
clay		7	39	32
caliche		39	44	5
clay		44	66	22
caliche	WB	66	68	2
clay		68	86	18
caliche	WB	86	89	3
clay		89	108	19
caliche	WB	108	111	3
clay		111	128	17
caliche	WB	128	131	3
clay		131	140	9

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet
 HOLE DIAMETER (BIT SIZE)
 From **12 1/4** Inches To **0** Feet **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	16.93	.188	0	140

Perforations:
 Type perforation **Factory Saw cut**
 Size perforation **1/8 x 3**
 From **100** feet to **120** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type _____
 Depth of Seal **50**
 Placement Method: Pumped Poured
 Neat Cement
 Cement Grout
 Concrete Grout
 Gravel Packed: Yes No
 From **50** feet to **140** feet

9. WATER LEVEL
 Static water level **66** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **3-14** 19 **96**
 Date completed **3-18** 19 **96**

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 **PO Box 4220** Contractor
Pahrump 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 Dan**
 By driller performing actual drilling on site or contractor
 Date **3-20-96**