

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

OFFICE USE ONLY
 Log No. **51654**
 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. **17909**

1. OWNER **BAILY, TERRY** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **4860 COMANCHE**
PAHRUMP, NV 89041

2. LOCATION **NE** 1/4 **SE** 1/4 Sec. **20** T **21S** N/S **R 54E** E **NYE** County _____
 PERMIT NO. **45-213-28** 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	Thick-ness
SANDY CLAY		0	24	24
CALICHIE		24	27	3
CLAY		27	70	43
CALICHIE	TR	70	76	6
CLAY		76	102	26
CALICHIE	WB	102	105	3
CLAY		105	130	25
CALICHIE	WB	130	133	3
CLAY		133	138	5
CALICHIE	WB	138	140	2

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

HOLE DIAMETER (BIT SIZE)
 From To
12.25 Inches **0** Feet **140** Feet
 _____ inches _____ feet _____ feet
 _____ inches _____ feet _____ feet

CASING SCHEDULE

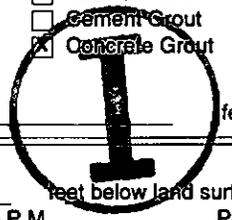
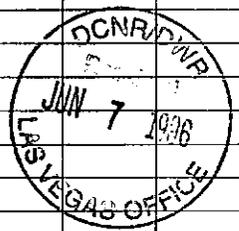
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8.625	16.94	.188	0	140

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
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 **5/20/96**, 19____
 Date completed **5/25/96**, 19____

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 Co.** Contractor
 Address **P O 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 **5/24/96**