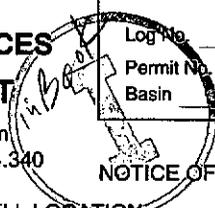


STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

OFFICE USE ONLY



Log No. 51719  
 Permit No. \_\_\_\_\_  
 Basin \_\_\_\_\_

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. 17922

1. OWNER **CONRAN, KEVIN**  
 MAILING ADDRESS  
**PAHRUMP, NV 89041**

ADDRESS AT WELL LOCATION  
**81 EMBER**

2. LOCATION **SW** 1/4 **SW** 1/4 Sec. **34** T **20S**  
 PERMIT NO. **40-701-02**  
 Issued by Water Resources Parcel No. \_\_\_\_\_

**N/S R 53E E NYE** County  
**CALVADA VALLEY** 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	27	27
CALICHIE		27	31	4
CLAY		31	68	37
CALICHIE	WB	68	71	3
CLAY		71	97	26
CALICHIE	WB	97	103	6
CLAY		103	124	21
CALICHIE	WB	124	128	4
CLAY		128	137	9
CALICHIE	WB	137	140	3

8. WELL CONSTRUCTION  
 Depth Drilled **140** Feet Depth Cased **140** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 12.25 inches To 0 feet 140 feet  
 From \_\_\_\_\_ inches To \_\_\_\_\_ feet \_\_\_\_\_ feet  
 From \_\_\_\_\_ inches To \_\_\_\_\_ 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

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 **56** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **5/22/96** 19\_\_\_\_  
 Date completed **5/24/96** 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)		
	G.P.M.	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 **6-5-96**

