

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

OFFICE USE ONLY
 Log No. 37721
 Permit No. _____
 Basin _____
 NOTICE OF INTENT NO. 17890

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

1. OWNER WALTON LEE ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
PAHRUMP, NV 89041 1470 INDOLE

2. LOCATION NE 1/4 NW 1/4 Sec. 82 T 20S N/S R 83E E NVE County _____
 PERMIT NO. _____
 Issued by Water Resources 40-511-19 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	Thickness
CLAY		0	38	38
CALICHE		38	41	3
CLAY		41	69	28
CALICHE	WB	69	73	4
CLAY		73	105	32
CALICHE	WB	105	107	2
CLAY		107	129	22
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 _____ 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)
<u>8.625</u>	<u>16.94</u>	<u>.188</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation FACTORY SAW CUT
 Size perforation 1/8 X 3

From <u>100</u>	feet <u>120</u>	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 140 feet

9. WATER LEVEL
 Static water level 50 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ F Quality _____

Date started 4/29/96, 19____
 Date completed 5/2/96, 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 30289
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1642

Signed _____
 By driller performing actual drilling on-site or contractor
 Date 6-10-96

