

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

OFFICE USE ONLY
 Log No. **58730**
 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. **15008**

1. OWNER **DESERT SAND & GRAVEL** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **871 E. FALCON ST.** **871 E. FALCON ST.**
PAHRUMP, NV 89041

2. LOCATION **SE** 1/4 **SE** 1/4 Sec. **34** T **20S** N/S R **53E** E **NYE** County _____
 PERMIT NO. **40-711-27** **CALVADA VALLEY**
 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	Thickness
CLAY		0	15	15
CALICHE		15	27	12
CLAY		27	35	8
CALICHE		35	40	5
CLAY		40	60	20
CALICHE	WB	60	68	8
CLAY		68	80	12
CALICHE	WB	80	85	5
CLAY		85	100	15
CALICHE	WB	100	110	10
CLAY		110	125	15
CALICHE	wB	125	130	5
CLAY		130	140	10

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

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 **55** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **8/20/96** .19
 Date completed **8/23/96** .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 **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 **9/12/96**

