

OFFICE USE ONLY
 Log No. 62713
 Permit No. _____
 Basin _____
 NOTICE OF INTENT NO. 14636

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT
 Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER Irene Eickenhors ADDRESS AT WELL LOCATION: 3451 W. Shelly
 MAILING ADDRESS _____
 2. LOCATION NW 1/4 NE 1/4 Sec. 24 T. 20S N/S R 52 E Mye County
 PERMIT NO. 28-772-13 Parcel No. _____ Subdivision Name Charleston Park
 Issued by Water Resources _____

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	2	2
Caliche		2	4	2
Clay		4	10	6
Caliche		10	17	7
Clay		17	26	9
Caliche		26	29	3
Clay		29	37	8
Caliche		37	41	4
Clay		41	51	10
Caliche	WB	51	56	5
Clay		56	69	13
Caliche	WB	69	76	7
Clay		76	82	6
Caliche	WB	82	84	2
Clay		84	95	11
Caliche	WB	95	98	3
Clay		98	109	11
Caliche	WB	109	112	3
Clay		112	122	10
Caliche	WB	122	124	2
Clay		124	135	11
Caliche		135	140	5

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 MAY 16 1995
 Div. of Water Resources
 Branch Office - Las Vegas, NV

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 140 Feet
12 1/4 Inches _____ Feet _____ 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 7/8</u>	<u>16.94</u>	<u>.188</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation Factory Saw Cut
 Size perforation 8" x 3"
 From _____ feet to _____ feet
 From 100 feet to 120 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 56
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 140 feet

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

Date started April 28, 1995
 Date completed April - May, 1995

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 HCR 78 Box 80358 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 _____
 By driller performing actual drilling on site or contractor
 Date _____