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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **16328**

1. OWNER **CASTRO, GLEN** ADDRESS AT WELL LOCATION **5670 VICKI ANN**  
 MAILING ADDRESS **5670 VICKI ANN PAHRUMP, NV 89048**

2. LOCATION **NE 1/4 SE 1/4 Sec. 11 T 21S N/S R 53E E NYE** County **JOYCELYN ESTATES**  
 PERMIT NO. **44-311-12** 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
CLAY & CALICHE		0	70	70
CALICHE	WB	70	95	25
CLAY		95	110	15
CALICHE	WB	110	121	11
CLAY		121	133	12
CALICHE	WB	133	140	7

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

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

CASING SCHEDULE

Size O.D. (Inches)	Weight/Fl. (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 FT**  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 surfac  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

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 Dea**  
 By driller performing actual drilling on-site or contractor  
 Date **7/24/97**

Date started **7/14/97**, 19\_\_\_\_  
 Date completed **7/18/97**, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	G.P.M.		Time (Hours)
	Draw Down (Feet Below Static)		
<input type="checkbox"/> Bailer			
<input type="checkbox"/> Pump			
<input type="checkbox"/> Air Lift			