

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

OFFICE USE ONLY
 Log No. 68452
 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. 16147

1. OWNER TOUCHE, JIMMY ADDRESS AT WELL LOCATION WILSON
 MAILING ADDRESS _____
PAHRUMP, NV 89048
 2. LOCATION SW 1/4 NE 1/4 Sec. 15 T 20S N/S R 53E E NYE County
 PERMIT NO. 35-311-02 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 & GRAVEL		0	55	55
GRAVEL	WB	55	70	15
CLAY		70	88	18
GRAVEL	WB	88	100	12
CLAY		100	120	20
GRAVEL	WB	120	131	11
CLAY		131	155	24
CALICHE	WB	155	173	18
CLAY		173	193	20
GRAVEL	WB	193	213	20
CLAY		213	232	19
LIMESTONE		232	245	13
CLAY		245	263	18
GRAVEL	WB	263	280	17
CLAY		280	300	20

8. WELL CONSTRUCTION
 Depth Drilled 300 Feet Depth Cased 300 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12.25 Inches To 0 Feet 300 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	300

Perforations:
 Type perforation FACTORY SAW CUT
 Size perforation 1/8" X 3"
 From 120 feet to 200 feet
 From 220 feet to 280 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 to 300 feet

9. WATER LEVEL
 Static water level 55 feet below land surface
 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.

Date started 8/4/97 19____
 Date completed 8/8/97 19____

7. WELL TEST DATA

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

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 2063
 Signed Ronald S. Juby
 By driller performing actual drilling on-site or contractor
 Date 3 Oct 97

