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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. 17527

1. OWNER **PESKIN** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **820 W. BETTY PAHRUMP, NV 89048** **820 W. BETTY**

2. LOCATION **SW 1/4 NW 1/4 Sec. 9 T 20S N/S R 53E E NYE** County _____
 PERMIT NO. **35-172-80** **CAL-VEGAS RANCHOS**

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 RV
 Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CLAY & CALICHE		0	65	65
CALICHE	WB	65	78	13
CLAY		78	90	12
CALICHE	WB	90	108	18
CLAY		108	121	13
CALICHE	WB	121	135	14
CLAY		135	140	5

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

HOLE DIAMETER (BIT SIZE)
 From 10.25 Inches To 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)
6.625	4.33	.316	0	140

Perforations:
 Type perforation **SAW CUT**
 Size perforation **1/8" X 3'**
 From 80 feet to 120 f
 From _____ feet to _____ f

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 f

9. WATER LEVEL
 Static water level 58 feet below land surf
 Artesian flow _____ G.P.M. P
 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 Dan
 By driller performing actual drilling on-site or contractor
 Date 2/2/98

Date started 1/26/98, 19____
 Date completed 1/30/98, 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			

