

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

OFFICE USE ONLY
 Log No. **71558**
 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. 17718

1. OWNER **James C. Patterson** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **3910 S. Jollie Way** **3910 S. Jollie Way**
Pahrump, NV 89048

2. LOCATION **SE 1/4 SW 1/4 Sec. 31 T 20S N/S R 53E E Nye** County _____
 PERMIT NO. **36-507-06** Parcel No. **Pahrump Valley Estates** Subdivision Name _____
 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
brown clay		0	3	3
grey clay		3	15	12
green clay		15	40	25
dark grey clay		40	68	28
grey clay		68	75	7
brown clay	x	75	100	25
reddish brown clay	x	100	115	15
brown calache	x	115	123	8
brown clay	x	123	138	15
reddish clay	x	138	140	2

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

HOLE DIAMETER (BIT SIZE)
 From To
11 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)
6 5/8	3.7	.280	0	140

Perforations:
 Type perforation **SAW CUT**
 Size perforation **.188**

From	To	feet to	feet
From 100		feet to 140	feet
From _____		feet to _____	feet
From _____		feet to _____	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 **140** feet

9. WATER LEVEL
 Static water level **75** feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature **cold** °F Quality **good**

Date started **5/21/98** 19____
 Date completed **5/21/98** 19____

7. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
.5	na	.50	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Strickland Construction Co., Inc.** Contractor
 Address **2301 Winery Road, Suite 2** Contractor
Pahrump, NV 89048

Nevada contractor's license number issued by the State Contractor's Board **40277**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2086**

Signed *[Signature]*
 By driller performing actual drilling on-site of contractor

Date **5.26.98**

