

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

OFFICE USE ONLY
 Log No. **72059**
 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. **17672**

1. OWNER **BILL CAIN** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **9040 S. DESERT LANE** **9040 S. DESERT LANE**
PAHRUMP, NV 89048

2. LOCATION **NE** 1/4 **NE** 1/4 Sec. **36** T **21S** N/S R **53E** E **NYE** County
 PERMIT NO. **29-191-12** **DESERT HILLS**
 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	Thickness
CALICHE		0	7	7
CLAY		7	15	8
CALICHE		15	20	5
CLAY		20	70	50
CALICHE		70	73	3
CLAY		73	95	22
CALICHE		95	97	2
CLAY		97	130	33
CALICHE	WB	130	134	4
CLAY		134	150	16
CALICHE	WB	150	154	4
CLAY		154	170	16
CALICHE	WB	170	175	5
CLAY		175	180	5

8. WELL CONSTRUCTION
 Depth Drilled **180** Feet Depth Cased **180** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12.25 Inches **0** Feet **180** 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	180

Perforations:
 Type perforation **FACTORY SAW CUT**
 Size perforation **1/8" X 3"**

From **140** feet to **160** 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 **180** f

9. WATER LEVEL
 Static water level **119** 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.

Date started **6/29/98**, 19____
 Date completed **7/3/98**, 19____

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			

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 Deane*
 By driller performing actual drilling on-site or contractor
 Date **7/29/98**

