

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

OFFICE USE ONLY  
 Log No. **72572**  
 Permit No. **162**  
 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. 18082..

1. OWNER **Trevor Stone**  
 MAILING ADDRESS **2101 Debbie Crt Pahrump, NV 89048**  
 ADDRESS AT WELL LOCATION **2101 Debbie Crt**

2. LOCATION **NE 1/4 NE 1/4 Sec. 31 T 20S N/S R 53E E Nye** County  
 PERMIT NO. **36-471-71** Issued by Water Resources Parcel No. **Nye County** 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
brown clay		0	3	3
light grey clay		3	17	14
grey calache		17	26	9
grey calache		26	45	19
light brown clay		45	55	10
light brown clay		55	63	18
light brown clay	x	63	73	10
grey clay	x	73	95	22
grey clay	x	95	114	19
light grey clay	x	114	138	24
light grey 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)
<b>6 5/8</b>	<b>3.7</b>	<b>.280</b>	<b>0</b>	<b>140</b>

Perforations:  
 Type perforation **saw cut**  
 Size perforation **.188**

From **110** 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 **63** feet below land surface  
 Artesian flow G.P.M. P.S.I.  
 Water temperature **cold** °F Quality **good**

Date started **10/9/98** 19\_\_  
 Date completed **10/9/98** 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 checked="" type="checkbox"/> Air Lift	<b>.5</b>	<b>na</b>	<b>.50</b>

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 **2088**

Signed *Lonny Strickland*  
 By driller performing actual drilling on-site or contractor  
 Date **10-20-98**

