

Log No. **72594**  
 Permit No. **203**  
 Basin. **203**

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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. **13792**

1. OWNER **Karl McAllister**  
 MAILING ADDRESS **PO Box 475 Caliente NV 89008**  
 ADDRESS AT WELL LOCATION **End of Douglas Road By Beaver Dam Estates 6 miles North of Caliente**  
 2. LOCATION **N/E 1/4 SW 1/4 Sec. 14 T. 3 N. 67 E. Lincoln** County  
 PERMIT NO. **013-170-34** 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	Thick-ness
Clay - Sand		0	45	45
Clay Boulders		45	50	5
Brown Clay		50	120	70
Clay - Gravel	X	120	212	92
White Clay - Rock	X	212	222	10
Hard Rock		222	230	8

8. WELL CONSTRUCTION  
 Depth Drilled **230** Feet Depth Cased **230** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **0** To **230**  
**105/8** Inches **0** Feet **230** 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 7/8</b>		<b>.188</b>	<b>0</b>	<b>230</b>

Perforations:  
 Type perforation **factory**  
 Size perforation **1/8 x 3/4**  
 From **130** feet to **130** feet  
 From **210** feet to **230** 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 **230** feet

9. WATER LEVEL  
 Static water level **127** feet below land surface  
 Artesian flow **0** G.P.M.  
 Water temperature **cold** °F Quality **good**

Date started **9-20-98**, 19\_\_\_\_\_  
 Date completed **9-22-98**, 19\_\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<b>14</b>	<b>3</b>	<b>4</b>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **Davis Drilling and Pumps** Contractor  
 Address **PO Box 54** Contractor  
**Hiko NV 89017**  
 Nevada contractor's license number issued by the State Contractor's Board **0028966**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1191**  
 Signed **Mike Davis**  
 By driller performing actual drilling on site or contractor  
 Date **10/3/98**