

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

OFFICE USE ONLY
 Log No. **72954**
 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. **18088**

1. OWNER **Martin Averill** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **960 W. Chipmunk** **960 W. Chipmunk**
Pahrump, NV 89048

2. LOCATION **NW** 1/4 **NW** 1/4 Sec. **21** T **20S** N/S R **53E** E **Nye** County
 PERMIT NO. _____ Parcel No. **39-111-01** Subdivision Name **Calvada Valley**
 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	Thickness
brown clay		0	3	3
grey clay		3	34	31
grey calache		34	39	5
grey calache	x	39	54	15
brown clay	x	54	99	45
brown calache	x	99	107	8
brown calache	x	107	109	2
brown calache	x	109	140	31

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 **110** feet to **140** 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 **54** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **cold** °F Quality **good**

Date started **11/11/98**, 19____
 Date completed **11/11/98**, 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 checked="" type="checkbox"/> Air Lift	.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 *Larry Strickland*
 By driller performing actual drilling on-site or contractor
 Date **11-18-98**

