

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

OFFICE USE ONLY
 Log No. 73078
 Permit No. 21232
 Basin 162
 NOTICE OF INTENT NO. 15236

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

1. OWNER **GARY BURSON** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
PAHRUMP, NV 89048

2. LOCATION **SE 1/4 SW 1/4 Sec. 12 T 21S** N/S R **53E E** **NYE** County
 PERMIT NO. **21232** **44-551-06**
 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		0	25	25
CALICHE		25	28	3
CLAY		28	44	16
CALICHE		44	48	4
CLAY		48	60	12
CALICHE	WB	60	63	3
CLAY		63	90	27
CALICHE	WB	90	92	2
CLAY		92	125	33
CALICHE	WB	125	128	3
CLAY		128	144	16
CALICHE	WB	144	148	4
CLAY		148	220	72
CALICHE	WB	220	225	5
CLAY		225	255	30
CALICHE	WB	255	260	5
CLAY		260	275	15
CALICHE	WB	275	288	13
CLAY		288	295	7
CALICHE	WB	295	300	5

8. WELL CONSTRUCTION
 Depth Drilled **300** Feet Depth Cased **300** Feet

HOLE DIAMETER (BIT SIZE)
 From **0** Feet To **300** Feet
10.25 Inches
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	3.92	.280	0	300

Perforations:
 Type perforation **SAW CUT**
 Size perforation **1/8 X3**

From _____	80	feet to	300	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 **300** feet

9. WATER LEVEL
 Static water level **56** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **11/17/98** . 19____
 Date completed **11/20/98** . 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 type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **GREAT BASIN DRILLING CO. OF NEVADA, INC.** Contractor
 Address **P.O. BOX 4220** Contractor
PAHRUMP, NV. 89048
 Nevada contractor's license number issued by the State Contractor's Board **030880**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1642**
 Signed Thomas Dan
 By driller performing actual drilling on-site or contractor
 Date **12/9/98**