

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

OFFICE USE ONLY  
 Log No. 75051  
 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. 18721

1. OWNER **BROWN, BILL** ADDRESS AT WELL LOCATION **3381 N MASON**  
 MAILING ADDRESS **3381 N MASON**  
**PAHRUMP, NV 89048**

2. LOCATION **SW** 1/4 **NE** 1/4 Sec. **25** T **19S** N/S R **52E** E **NYE** County  
 PERMIT NO. \_\_\_\_\_ ISSUED BY Water Resources PARCEL NO. **28-256-03** SUBDIVISION NAME **BELL VISTA**

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
CLAY		0	60	
CALICHIE	WB	60	72	12
CLAY		72	85	13
CALICHIE	WB	85	97	12
CLAY		97	108	11
CALICHIE	WB	108	120	12
CLAY		120	134	14
CALICHIE	WB	134	140	6
		140		

8. WELL CONSTRUCTION  
 Depth Drilled 140 Feet Depth Cased 140 Feet

HOLE DIAMETER (BIT SIZE)  
 From 0 Feet To 140 Feet  
12.25 Inches \_\_\_\_\_ Feet \_\_\_\_\_ 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	140

Perforations:  
 Type perforation **FACTORY SAW CUT**  
 Size perforation **1/8 X 3**  
 From 100 feet to 120 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No  
 Depth of Seal 50  
 Placement Method:  Pumped  Poured  
 Seal Type:  Neat Cement  Cement Grout  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 50 feet to 140 feet

9. WATER LEVEL  
 Static water level 57 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 4/19/99, 19\_\_\_\_  
 Date completed 4/23/99, 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 **47333**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1642**  
 Signed Thomas D... By driller performing actual drilling on-site or contractor  
 Date 4/26/99