

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

OFFICE USE ONLY  
 Log No. **75055**  
 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. **18725**

1. OWNER **VERDORN, DANIEL** ADDRESS AT WELL LOCATION **4410 E CHEYENNE**  
 MAILING ADDRESS **4410 E CHEYENNE**  
**PAHRUMP, NV 89048**

2. LOCATION **SE** 1/4 **SW** 1/4 Sec. **20** T **21S** N/S R **54E** E **NYE** County  
 PERMIT NO. **45-314-07** **GREEN SADDLE RANCH**  
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	Thickness
CLAY		0	85	
CALICHIE	WB	85	102	17
CLAY		102	113	11
CALICHIE	WB	113	125	12
CLAY		125	132	7
CALICHIE	WB	132	140	8

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

HOLE DIAMETER (BIT SIZE)  
 From **12.25** Inches To **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>8.624</b>	<b>16.94</b>	<b>.188</b>	<b>0</b>	<b>140</b>

Perforations:  
 Type perforation **FACTORY SAW CUT**  
 Size perforation **1/8 X 3**

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 **67** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **5/3/99** \_\_\_\_\_ 19\_\_\_\_  
 Date completed **5/7/99** \_\_\_\_\_ 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<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 Dan*  
 By driller performing actual drilling on-site or contractor  
 Date **5/13/99**

