

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

OFFICE USE ONLY
 Log No. **75138**
 Permit No. **162**
 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. **18709**

1. OWNER **KAMPEN, RANDY**
 MAILING ADDRESS **1610 CALVALRY PAHRUMP, NV 89048**

ADDRESS AT WELL LOCATION **1610 CALVALRY**

2. LOCATION **NW** 1/4 **NE** 1/4 Sec. **35** T **20S** N/S R **53E** E **NYE** County

PERMIT NO. **42-701-04** Issued by Water Resources Parcel No. **CALVADA** Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other

4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE
 Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
CLAY		0	63	
CALICHIE	WB	63	80	17
CLAY		80	97	17
CALICHIE	WB	97	111	14
CLAY		111	121	10
CALICHIE	WB	121	133	12
CLAY		133	140	7

8. WELL CONSTRUCTION

Depth Drilled **140** Feet Depth Cased **140** Feet

HOLE DIAMETER (BIT SIZE)

From **0** Feet To **140** Feet

10.25 Inches

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	3.63	.188	0	140

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

From **100** feet to **120** 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 **56** feet below land surface

Artesian flow _____ G.P.M. _____ P.S.I.

Water temperature _____ °F Quality _____

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 **4/5/99**

Date started **3/29/99** . 19__

Date completed **4/2/99** . 19__

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Bailer Draw Down (Feet Below Static)	Pump	Air Lift	Time (Hours)

