

PRINT OR TYPE ONLY
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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
 Log No. **75161**
 Permit No. _____
 Basin **162**

NOTICE OF INTENT NO. **17482**

1. OWNER **SHARLENE L. URG** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____ **1391 E. MICKEY ST.**

2. LOCATION **SE 1/4 NW 1/4 Sec. 11 T. 21-S N/S R. 53 E NYE** County _____
 PERMIT NO. **44-381-04** **RED ROCK ESTATES** 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
Surface		0	4	4
Gray Clay		4	15	11
Green Clay		15	38	23
Gray Clay/Caliche		38	56	18
Gray Clay	X	56	84	28
Brown Clay/Caliche		84	106	22
Gray Clay	X	106	131	25
Gray Clay/Caliche		131	140	9

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

HOLE DIAMETER (BIT SIZE)
 From **12** Inches To **140** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.94	.188	0	140

Perforations:
 Type perforation **Torch Cut**
 Size perforation **1" width 8" long**
 From **100** feet to **140** 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 **140** feet

9. WATER LEVEL
 Static water level **60** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **FEBRUARY 24**, 19**99**
 Date completed **FEBRUARY 24**, 19**99**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
20	4	1/4

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **JIM PIKE WELL DRILLING, LLC** Contractor
 Address **P.O. BOX 56 PAHRUMP, NV. 89041** Contractor

Nevada contractor's license number issued by the State Contractor's Board **17563A**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1812**

Signed *[Signature]*
 By driller performing actual drilling on site or contractor

Date **FEBRUARY 26, 1999**

