

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

OFFICE USE ONLY
 Log No. **76883**
 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. **19828**

1. OWNER **STORGA**
 MAILING ADDRESS **4271 MAJESTIC PAHRUMP, NV 89048**
 ADDRESS AT WELL LOCATION **4271 MAJESTIC**

2. LOCATION **NW 1/4 SE 1/4 Sec. 24 T 19S** N/S R **52E E NYE** County
 PERMIT NO. **27-733-24** **MAJESTIC 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	Thickness
CLAY & CALICHIE		0	65	
CALICHIE	WB	65	80	15
CLAY		80	90	10
CALICHIE	WB	90	102	12
CLAY		102	114	12
CALICHIE	WB	114	127	13
CLAY		127	135	8
CALICHIE	WB	135	140	5

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

HOLE DIAMETER (BIT SIZE)
 From **10.25** Inches To **0** Feet **140** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	3.63	.280	0	140

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

From **100** feet to **140** 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 **59** 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 Dean*
 By driller performing actual drilling on-site or contractor
 Date **10/7/99**

Date started **9/20/99**, 19____
 Date completed **9/24/99**, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

