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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

NOTICE OF INTENT NO. **19864**

1. OWNER **ROESCH, WALTER** ADDRESS AT WELL LOCATION **801 DAVID ST**
 MAILING ADDRESS **801 DAVID ST**
PAHRUMP, NV 89048

2. LOCATION **NW** 1/4 **NE** 1/4 Sec. **8** T **20S** N/S R **53E** E **NYE** County
 PERMIT NO. _____ Parcel No. **35-152-16** Subdivision Name **CAL VEGAS RANCHOS**
Issued by Water Resources

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
CLAY		0	60	
CALICHIE	WB	60	75	15
CLAY		75	88	13
CALICHIE	WB	88	100	12
CLAY		100	113	13
CALICHIE	WB	113	122	9
CLAY		122	135	13
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 **140** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ 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
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal **50**
 Placement Method: Pumped Poured
 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 **12/28/99**

Date started **12/13/99**, 19____
 Date completed **12/17/99**, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

