

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

OFFICE USE ONLY
 Log No. **78093**
 Permit No. **102**
 Basin **102**
 NOTICE OF INTENT NO. **19875**

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

1. OWNER **REUL, DEE** ADDRESS AT WELL LOCATION **6451 HOMESTEAD**
 MAILING ADDRESS **6451 HOMESTEAD**
PAHRUMP, NV 89048

2. LOCATION **SW** 1/4 **NW** 1/4 Sec. **18** T **21S** N/S R **54E** E **NYE** County
 PERMIT NO. **45-211-23** Parcel No. **45-211-23** 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	90	
CALICHIE	WB	90	100	10
CLAY		100	130	30
CALICHIE	WB	130	148	18
CLAY		148	290	142
CALICHIE	WB	290	310	20
CLAY		310	330	20
CALICHIE	WB	330	375	45
CLAY		375	390	15

WELL SEALED AT 240 FT WITH 10 FT BENTONITE PLUG

8. WELL CONSTRUCTION
 Depth Drilled **390** Feet Depth Cased **390** Feet
 HOLE DIAMETER (BIT SIZE)
12.25 Inches From **0** Feet To **390** 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	390

Perforations:
 Type perforation **FACTORY SAW CUT**
 Size perforation **1/8 X 3**
 From **290** feet to **370** 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 **240** feet to **390** feet

9. WATER LEVEL
 Static water level **68** 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.

Date started **12/14/99**, 19____
 Date completed **12/17/99**, 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			

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 D...*
 By driller performing actual drilling on-site or contractor
 Date **12/28/99**

