

OFFICE USE ONLY
 Log No. 91587
 Permit No. _____
 Basin. 162

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 21419

1. OWNER Mr. & Mrs. Curtis ADDRESS AT WELL LOCATION 3259 Middle St
 MAILING ADDRESS 3259 Middle St Pahrump, NV 89041
Pahrump, NV 89041

2. LOCATION SE 1/4 SE 1/4 Sec. 11 T. 21 S. N/S R. 54 E. Clark County
 PERMIT NO. 16911810010 Issued by Water Resources Parcel No. 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
Dirt Rocks		0	10	
Consolidated Boulders and gravel		10	355	
Water	260			

8. WELL CONSTRUCTION
 Depth Drilled 355 Feet Depth Cased 355 Feet

HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 355 Feet
 From 0 Feet To 355 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8		.188	+2	355

Perforations:
 Type perforation Factory slot
 Size perforation 1/8

From _____ feet to _____ feet
 From 355 feet to 295 feet **screen**
 From _____ feet to _____ feet
 From 295 feet to +2 feet **blank**
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Poured Cement Grout
 Concrete Grout

Gravel Packed: Yes No
 From 50 feet to 355 feet

9. WATER LEVEL
 Static water level 223 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name JSB INC dba GATZKE DRILLING
 Address PO BOX 6678 PAHRUMP, NV 89041
 Nevada contractor's license number 0036415
 issued by the State Contractor's Board
 Nevada driller's license number issued by the 1650
 Division of Water Resources, the on-site driller
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 11-30-00

Date started 11-15-00, 19____
 Date completed 11-21-00, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

