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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-22335

1. OWNER Badly Scattered Land & Equipment ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 3401 E. Zolin 3401 S. Zolin
Pahrump, NV 89048

2. LOCATION SE 1/4 NE 1/4 Sec. 7 T 21S N/S R 54E E Nye County _____
 PERMIT NO. 45-081-86 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Domestic
 Deepen Abandon Other _____ Municipal/Industrial Irrigation Monitor Test Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>brown loam</u>		<u>0</u>	<u>46</u>	<u>46</u>
<u>See next line</u>	<u>x</u>	<u>46</u>	<u>82</u>	<u>36</u>
<u>brown loam with grey caleche strings</u>				
<u>See next line</u>	<u>x</u>	<u>82</u>	<u>105</u>	<u>23</u>
<u>brown loam with brown caleche strings</u>				
<u>green caleche</u>	<u>x</u>	<u>105</u>	<u>112</u>	<u>7</u>
<u>See next line</u>	<u>x</u>	<u>112</u>	<u>160</u>	<u>48</u>
<u>brown loam with caleche strings</u>				

8. WELL CONSTRUCTION
 Depth Drilled 160 Feet Depth Cased 160+1 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
<u>11</u>	<u>0</u>	<u>160</u>
_____	_____	_____
_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>3.7</u>	<u>.280</u>	<u>0</u>	<u>160</u>
_____	_____	_____	_____	_____

Perforations:
 Type perforation sawcut
 Size perforation .188

From	feet to	feet
<u>140</u>	<u>160</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 160 feet

DCNR/DWR
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 JAN 04 2002
 LAS VEGAS OFFICE

Date started 10/17/01, 19____
 Date completed 10/17/01, 19____

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level 54 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °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 Strickland Construction Co., Inc. Contractor
 Address 5801 S. Homestead Contractor
Pahrump, NV 89048

Nevada contractor's license number issued by the State Contractor's Board 40277
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2086

Signed _____
 By driller performing actual drilling on-site or contractor
 Date 11-22-01