

OFFICE USE ONLY
 Log No. 85778
 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: 22345

1. OWNER **Andrew Franklin** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **1980 E. Keenan** **1980 E. Keenan**
Pahrump, NV 89048

2. LOCATION **SE 1/4 SE 1/4 Sec. 14 T 21S N/S R 53E E Nye** County
 PERMIT NO. **44-752-08** **Mesa Oeste Estates**
 Issued by Water Resources. Parcel No. Subdivision Name

3. WORK PERFORMED 4. PROPOSED USE 5. WELL TYPE
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other Municipal/Industrial Monitor Stock Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
brown loam		0	14	14
See next line		14	19	5
brown loam with grey clay and caleche strings				
brown clay		19	45	26
green clay	x	45	62	17
grey clay	x	62	76	14
brown caleche	x	76	94	18
See next line	x	94	106	912
grey clay with caleche strings				
See next line	x	106	148	42
green clay with caleche strings				
See next line	x	148	200	52
brown clay with caleche strings				

8. WELL CONSTRUCTION
 Depth Drilled **200** Feet Depth Cased **200+1** Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 11
 11 Inches 0 Feet 200 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	3.7	.280	0	200

Perforations:
 Type perforation **sawcut**
 Size perforation **.188**
 From **180** feet to **200** 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 **50** feet to **200** feet

9. WATER LEVEL
 Static water level **59** 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 **3-25-02**

DONR/DWR
 RECEIVED

APR 08 2002

LAS VEGAS OFFICE

Date started **2/15/02** 19
 Date completed **2/15/02** 19

7. WELL TEST DATA

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