WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 90182
Permit No.
Basin 162

NOTICE OF INTENT NO. 25033

1. OWNER SALINAS, CHARLES
MAILING ADDRESS 5101 YOKOSUKA DR
CORPUS CRISTY, TX 78413

ADDRESS AT WELL LOCATION 6461 NO LONG BOW

2. LOCATION NW 1/4 SW 1/4 Sec. 10 T 19S N/S R 53E E NYE County
PERMIT NO. _____ Issued by Water Resources | 30-251-11 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	Thickness
OLD HAND DUG WELL 95'				
DEEP AND APPROX. 24				
IN. DIAMETER -OPEN				
BORE HOLE. FILL TO				
90' WITH BENTONITE				
HOLE PLUG, FILL TO				
20' WITH TYPE II, POUR				
CONCRETE 20' TO				
SURFACE				

Date started 8/12/2003 , 19__
Date completed 8/26/2003 , 19__

7. **WELL TEST DATA**
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

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

8. **WELL CONSTRUCTION**
Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
_____ Inches	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
	None			

Perforations:
Type perforation _____
Size perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

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

Gravel Packed: ☐ Yes ☒ No
From _____ feet to _____ feet

9. **WATER LEVEL**
Static water level Dry 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 1426
Signed _____
By driller performing actual drilling on-site or contractor
Date 8/26/03

USE ADDITIONAL SHEETS IF NECESSARY