

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

OFFICE USE ONLY  
 Log No. 94103  
 Permit No. \_\_\_\_\_  
 Basin 162  
 NOTICE OF INTENT NO. 27053

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 **ROBERT MORFORD** ADDRESS AT WELL LOCATION **10161 S. VICKI ANN**  
 MAILING ADDRESS **10161 S. VICKI ANN**  
**PAHRUMP, NV**

2. LOCATION **NW 1/4 NW 1/4 Sec. 1 T 22** N/S R **53 E** **NYE** County  
 PERMIT NO. **41-371-01** **CALVADA VALLEY UNIT 14**  
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  Deepen  Abandon  Other

4. PROPOSED USE  
 Domestic  Municipal/Industrial  Irrigation  Monitor  Test  Stock

5. WELL TYPE  
 Cable  Rotary  RVC  Air  Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
CLAY		0	140	140
CALICHE	WB	140	145	5
CLAY		145	190	45
CALICHE	WB	190	192	2
CLAY		192	260	68
CALICHE	WB	260	262	2
CLAY		262	290	28
LIMESTONE	WB	290	300	10

8. WELL CONSTRUCTION  
 Depth Drilled **300** Feet Depth Cased **300** Feet

HOLE DIAMETER (BIT SIZE)  
 From **0** Feet To **300** Feet  
**12.25** Inches  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6</b>	<b>3.63</b>	<b>.250</b>	<b>0</b>	<b>300</b>

Perforations:  
 Type perforation **SAWCUT**  
 Size perforation **1/8 X 3**

From <b>100</b> feet to <b>300</b> feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

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

Gravel Packed:  Yes  No  
 From **50** feet to **300** 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.  
 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*  
By driller performing actual drilling on-site or contractor  
 Date **10/14/04**

Date started **10/12/2001**  
 Date completed **10/13/2004**

7. WELL TEST DATA

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

DNIR/DWR  
 RECEIVED  
 OCT 25 2004  
 LAS VEGAS OFFICE

