

PRINT OR TYPE ONLY
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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. 9128

1. OWNER Thomas Demman ADDRESS AT WELL LOCATION Wigwam + TomasiK
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 SW 1/4 Sec 16 T 82 N/S R 60 E Clark County
 PERMIT NO. 55662 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
Sand + Rock		0	3	3
Caliche		3	20	17
Sand, Gravel, Rock		20	210	190
Sandy Clay + Rock		210	620	410
Coarse Gravel		620	660	40
Sand + Gravel		660	770	110
Coarse Gravel		770	800	30

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 8 00 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 7/8</u>	<u>16.94</u>	<u>.188</u>	<u>-1</u>	<u>800</u>

Perforations:
 Type perforation SAW
 Size perforation 1/8 inch by 3 inch
 From 760 feet to 800 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 800 feet

9. WATER LEVEL
 Static water level 600 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 Contractor
 Address HCB 78 Box 80358 Contractor
Pahrump NV 89041
 Nevada contractor's license number 30880
 issued by the State Contractor's Board
 Nevada driller's license number 1770
 issued by the Division of Water Resources, on-site driller
 Signed Steve Hanson
 By driller performing actual drilling on site or contractor
 Date 8-8-91

Date started 7-30 1991
 Date completed 8-7 1991

7. WELL TEST DATA

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

RECEIVED

AUG 14 1991

Div. of Water Resources
 Branch Office - Las Vegas, NV