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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. **1122**

1. OWNER **Harvey Thompson** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
 2. LOCATION **NW 1/4 NW 1/4 Sec 28 T. 21S N/S R. 34 E Nye** County
 PERMIT NO. **45-371-07** 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	Thickness
clay		0	12	12
caliche		12	14	2
clay		14	28	
caliche		28	30	2
clay		30	55	
caliche	WB	55	57	
clay		57	84	
caliche	WB	84	86	
clay		86	119	
caliche	WB	119	121	
clay		121	162	
caliche	WB	162	164	
clay		164	187	
caliche	WB	187	189	
clay		189	210	
caliche	WB	210	212	
clay		212	224	
caliche	WB	224	226	
clay		226	236	
caliche	WB	236	240	

8. WELL CONSTRUCTION
 Depth Drilled **240** Feet Depth Cased **240** Feet
 HOLE DIAMETER (BIT SIZE)
 From **12 1/4** Inches To **0** Feet **240** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2 3/8	16.94	.188	0	240

Perforations:
 Type perforation **Factory Sealed**
 Size perforation **1/2 x 3**
 From **180** feet to **240** feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 **240** feet

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9. WATER LEVEL
 Static water level **12** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **7-27** 19 **92**
 Date completed **7-30** 19 **92**

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			

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 **Her 78 Box 80358** Contractor
Pahrump NV 89011
 Nevada contractor's license number issued by the State Contractor's Board **30880**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1642**
 Signed **Thomas De**
 By driller performing actual drilling on site or contractor
 Date **9-4-92**