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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. **10440**

1. OWNER Paul Williams ADDRESS AT WELL LOCATION 5250 OSAGE ST
 MAILING ADDRESS _____

2. LOCATION SW 1/4 SW 1/4 Sec. 16 T. 19S N/S R. 53 E Nye County
 PERMIT NO. 24-274-01 Country Place II 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
Sandy clay		0	14	14
caliche		14	16	2
clay		16	27	11
caliche		27	29	2
clay		29	38	9
caliche		38	41	3
clay		41	48	7
caliche		48	50	2
clay		50	71	21
caliche		71	73	2
clay		73	86	13
caliche	WB	86	88	2
clay		88	99	11
caliche	WB	99	101	2
clay		101	127	26
caliche	WB	127	129	2
clay		129	146	17
caliche	WB	146	148	2
clay		148	155	7
caliche	WB	155	157	2
clay		157	166	9
caliche	WB	166	168	2
clay		168	179	11
caliche	WB	179	180	1

8. WELL CONSTRUCTION
 Depth Drilled 180 Feet Depth Cased 180 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 140 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 3/4</u>	<u>16.94</u>	<u>.188</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation Factory Saw cut
 Size perforation 1/8 x 3
 From 160 feet to 180 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 140 feet

9. WATER LEVEL
 Static water level 85 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Div. of Water Resources
 Date started _____ 19. 93
 Date completed _____ 19. 93

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)	

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 HCR 74 Box 80358 Contractor
Pahrump NV 89041
 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 Dan
 By driller performing actual drilling on site or contractor
 Date 2-19-93

