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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. **10347**

1. OWNER **JAMES SPENCER** ADDRESS AT WELL LOCATION **UNIT 1 LOT 26 JANET LANE PAHRUMP**
 MAILING ADDRESS _____
 2. LOCATION **NW 1/4 SW 1/4 Sec. 33 T. 19 N/S R. 53 E. NYE** County
 PERMIT NO. **29-831-26** Parcel No. _____ Subdivision Name **RANCHO DEL SOL**
 Issued by Water Resources _____

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
CLAY		0	6	6
CALICHE		6	9	3
CLAY		9	18	9
CALICHE		18	23	5
CLAY		23	53	30
CALICHE	W.B.	53	56	3
CLAY		56	68	12
CALICHE	W.B.	68	75	7
CLAY		75	90	15
CALICHE	W.B.	90	95	5
CLAY		95	110	15
CALICHE	W.B.	110	114	4
CLAY		114	126	12
CALICHE	W.B.	126	133	7
CLAY		133	140	7

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet
 HOLE DIAMETER (BIT SIZE)
 From **12 1/4** Inches To **0** Feet **140** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.94	.188	0	140

 Perforations:
 Type perforation **FACTORY SAW CUT**
 Size perforation **8 INCH BY 3 INCH**
 From **140** feet to **120** 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 **140** feet to **50** feet

Date started **12-9**, 19**92**
 Date completed **12-21**, 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			

9. WATER LEVEL
 Static water level **40** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COOL** °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 **HCR 78 BOX 80358 PAHRUMP NV. 89091** Contractor
 Nevada contractor's license number **30880** issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1573**
 Signed **Amir B...** By driller performing actual drilling on site or contractor
 Date **12-21-92**