

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.240



Log No. 40512
 Permit No. _____
 Basin _____

NOTICE OF INTENT NO. 10346

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER STEVE ELLIOT ADDRESS AT WELL LOCATION LOT 27 MICKIE ST. Pahrump
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 NW 1/4 Sec. 11 T 21 S N/S R. 53 E Nye County
 PERMIT NO. 44-451-11 Parcel No. _____
 Issued by Water Resources _____ Subdivision Name CAL NEVA ACRES

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	8	8
CALICHE		8	12	4
CLAY		12	34	22
CALICHE		34	37	3
CLAY		37	58	21
CALICHE	WB	58	62	4
CLAY		62	79	17
CALICHE	W.B	79	82	3
CLAY		82	96	14
CALICHE	W.B	96	101	5
CLAY		101	124	23
CALICHE	W.B	124	129	5
CLAY		129	133	4
CALICHE	W.B	133	136	3
CLAY		136	140	4

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)
<u>8 5/8</u>	<u>16.94</u>	<u>.188</u>	<u>0</u>	<u>140</u>

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

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 Branch Office - Las Vegas, NV

9. WATER LEVEL
 Static water level 51 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °F Quality _____

Date started 12-10, 1992
 Date completed 12-17, 1992

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. 78 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 1523
 Signed Annie Brown
 By driller performing actual drilling on site or contractor
 Date 12-18-92