

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

OFFICE USE ONLY  
 Log No. **40530**  
 Permit No. **162**  
 Basin. **162**

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **10359**

1. OWNER **JIM GREEN** ADDRESS AT WELL LOCATION **LOT 246 MCGRAW ST. PAHRUMP NV.**  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION **SW 1/4 NW 1/4 Sec. 20 T. 21 S. N/S R. 54 E. UVE** County  
 PERMIT NO. **45-284-11** Parcel No. **GREEN SADDLE RANCH** 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
CLAY		0	12	12
CALICHE		12	15	3
CLAY		15	38	23
CALICHE		38	41	3
CLAY		41	54	13
CALICHE		54	57	3
CLAY		57	63	6
CALICHE	W.B.	63	66	3
CLAY		66	82	16
CALICHE	W.B.	82	87	5
CLAY		87	97	10
CALICHE	W.B.	97	99	2
CLAY		99	118	19
CALICHE	W.B.	118	121	3
CLAY		121	134	13
CALICHE	W.B.	134	137	3
CLAY		137	140	3

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

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

 Perforations:  
 Type perforation **FACTORY SAW CUT**  
 Size perforation **1/2 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

9. WATER LEVEL  
 Static water level **55** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **COOL** °F Quality \_\_\_\_\_

Date started **12-16** 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			

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 **[Signature]**  
 By driller performing actual drilling on site or contractor  
 Date **12-21-92**