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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. **10441**

1. OWNER **Bob Perkins** ADDRESS AT WELL LOCATION **Let 573**
 MAILING ADDRESS **Trine**

2. LOCATION **NW 1/4 NW 1/4 Sec 24 T 21S N/S R 54 E Nye** County
 PERMIT NO. **45-321-12** **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	14	14
caliche		14	21	7
clay		21	43	22
caliche		43	47	4
clay		47	67	20
caliche	WB	67	71	4
clay		71	89	18
caliche	WB	89	96	7
clay		96	110	14
Limestone	WB	110	140	30

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)
6 5/8	16.94	.188	0	140

Perforations:
 Type perforation **Factory Saw cut**
 Size perforation **1 3/8**
 From **120** feet to **140** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal **50**

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From **50** feet to **140** feet

9. WATER LEVEL
 Static water level **50** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °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 **HER 78 Box 40358** Contractor
Pahrump NV 89041
 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 **1642**
 Signed **Thomas Dan**
 By driller performing actual drilling on site or contractor
 Date **11-20-92**

Date started **11-16**, 19**92**
 Date completed **11-20**, 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			

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DEC 02 1992

Div. of Water Resources
 Branch Office - Las Vegas, NV

