

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

Log No. 42348
 Permit No. _____
 Basin _____

NOTICE OF INTENT NO. 12219

1. OWNER CLYDE PRATT ADDRESS AT WELL LOCATION LOT 4 AMARRILLO ST PAHRUMP
 MAILING ADDRESS _____

2. LOCATION NE 1/4 SW 1/4 Sec. 28 T 20S N/S R 53 E NYE County _____
 PERMIT NO. 40-272-04 UNIT 5 CALVADA
 Issued by Water Resources Parcel No. 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	7	7
CALICHIE		7	9	2
CLAY		9	18	9
CALICHIE		18	21	3
CLAY		21	35	14
CALICHIE		35	41	6
CLAY		41	59	18
CALICHIE		59	61	2
CLAY		61	76	15
CALICHIE	WB	76	78	2
CLAY		78	87	9
CALICHIE	WB	87	89	2
CLAY		89	98	9
CALICHIE	WB	98	101	3
CLAY		101	116	15
CALICHIE	WB	116	119	3
CLAY		119	132	13
CALICHIE	WB	132	134	2
CLAY		134	138	4
CALICHIE	WB	138	140	2
		140		140

8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12.25 Inches 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)
85\8	16.9	.188	0	140

Perforations:
 Type perforation FACTORY SAW CUT
 Size perforation 1\8 X 3
 From 120 feet to 140 feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 52 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 8-16-93, 19____
 Date completed 8-20-93, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump 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.
GREAT BASIN DRILLING CO. INC.
 Name _____ Contractor
 Address HCR 78 BOX 80358 PAHRUMP NV 89041 Contractor
 Nevada contractor's license number 30880 issued by the State Contractor's Board.
 Nevada driller's license number issued by the 1642 Division of Water Resources, the on-site driller.
 Signed Thomas Dan By driller performing actual drilling on site or contractor
 Date 9-2-93

RECEIVED
 SEP 13 1993
 Div. of Water Resources
 Branch Office - Las Vegas, NV