

Log No. 44153  
 Permit No. \_\_\_\_\_  
 Basin \_\_\_\_\_

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT <sup>in Book</sup>

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

NOTICE OF INTENT NO. 13000

1. OWNER Richard Hankes ADDRESS AT WELL LOCATION Lot 54 RAMONA  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION NW 1/4 NE 1/4 Sec. 24 T. 20S N/S R. 52 E Nye County  
 PERMIT NO. 28-722-19 CHARLESTON PARK 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	3	3
caliche		3	6	3
Clay		6	36	30
caliche		36	39	3
Clay		39	70	31
caliche	WB	70	75	5
Clay		75	100	25
caliche	WB	100	102	2
Clay		102	109	7
caliche	WB	109	111	2
Clay		111	121	10
caliche	WB	121	124	3
Clay		124	130	6
caliche	WB	130	140	10

8. WELL CONSTRUCTION  
 Depth Drilled 140 Feet Depth Cased 140 Feet  
 HOLE DIAMETER (BIT SIZE)  
8 5/8 Inches From 0 Feet To 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 SMO cut  
 Size perforation 1 7/8 X 3  
 From 100 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 50 feet to 140 feet

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9. WATER LEVEL  
 Static water level 48 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 2-14 19 94  
 Date completed 2-15 19 94

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.  
 Name Great Basin Drilling Contractor  
 Address HER 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 1642  
 Signed Thomas Dun  
 By driller performing actual drilling on site or contractor  
 Date 2-15-94