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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

Log No. 49128
 Permit No. _____
 Basin _____
 NOTICE OF INTENT NO. 16721

1. OWNER George Arneson
 MAILING ADDRESS _____
 ADDRESS AT WELL LOCATION 3601 E. Savoy Blvd.

2. LOCATION NW 1/4 SE 1/4 Sec. 19 T 21-S N/S R. 54 E Nye County
 PERMIT NO. 45-243-50 Parcel No. Parcel 4 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
Surface		0	4	4
Brown clay		4	19	15
Brown clay & caliche		19	38	19
Brown clay		38	51	13
Brown clay & caliche	X	51	74	23
Brown clay		74	86	12
Brown clay & caliche		86	107	21
Brown clay	X	107	129	22
Brown clay & caliche		129	140	11

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

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12 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)
8 5/8	16.94	.188	0	100
8 5/8	18.26	.203	100	140

Perforations:
 Type perforation Torch Cut
 Size perforation 1/4" width 8" long
 From 100 feet to 140 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured Cement Grout

Gravel Packed: Yes No
 From 50 feet to 140 feet

9. WATER LEVEL
 Static water level: 53 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 Jim Pike Well Drilling, LLC Contractor
 Address P.O. Box 56 Contractor
Pahrump, NV 89041
 Nevada contractor's license number issued by the State Contractor's Board 17563A
 Nevada driller's license number issued by the Division of Water Resources the on site driller 1812
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date November 17, 1995

Date started November 6 19 95
 Date completed November 6 19 95

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>20</u>	<u>4</u>	<u>1/2</u>

