

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

NOTICE OF INTENT NO. **15055**

1. OWNER **Armond Pihl** ADDRESS AT WELL LOCATION **4501 S PAWNEE**
MAILING ADDRESS _____
2. LOCATION **SW 1/4 S2 1/4 Sec 20 T 21.5 N/S R 54 E NVE** County _____
PERMIT NO. **45-302-16** **Green Saddle Ranch**
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
Chay		0	7	7'
caliche		7	9	2'
Chay		9	16	7'
caliche		16	18	2'
Chay		18	29	11'
caliche		29	32	3'
Chay		32	43	11'
caliche		43	45	2'
Chay		45	52	7'
caliche		52	54	2'
Chay		54	63	9'
caliche	WB	63	66	3'
Clay		66	78	12'
caliche	W.B	78	83	5'
Clay		83	97	14'
caliche	W.B	97	99	2'
Clay		99	106	7'
caliche	W.B	106	108	2'
Clay		108	117	9'
caliche	W.B	117	120	3'
Clay		120	131	11'
Limestone	W.B	131	140	9'

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

HOLE DIAMETER (BIT SIZE)
From **12 1/2** 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)
8 5/8	16.94	.188	0	140

Perforations:
Type perforation **Factory Sawcut**
Size perforation **1/8" x 3"**
From **100** feet to **120** feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
Depth of Seal **50** Cement Grout
Placement Method: Pumped Concrete Grout
 Poured
Gravel Packed: Yes No
From **50** feet to **140** feet

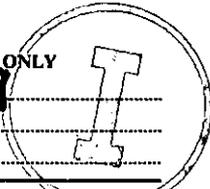
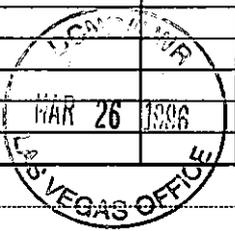
9. WATER LEVEL
Static water level **63** feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

Date started **3-6** 19**96**
Date completed **3-8** 19**96**

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 **P.O. box 4220** Contractor
Pahrump NV 89041
Nevada contractor's license number **30850**
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 De...**
By driller performing actual drilling on site or contractor
Date **3-18-96**



1/2 book