

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
 WELL DRILLER'S REPORT

OFFICE USE ONLY  
 Log No. 52639  
 Permit No. \_\_\_\_\_  
 Basin 162  


PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 17995

1. OWNER **ABULENCIA** ADDRESS AT WELL LOCATION  
 MAILING ADDRESS **6321 LONGHORN**  
**PAHRUMP, NV 89041** **6321 LONGHORN**

2. LOCATION **SE** 1/4 **NE** 1/4 Sec. **16** T **21S** N/S R **54** E **NYE** County  
 PERMIT NO. **43-122-21** **COTTONWOODS**  
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED 4. PROPOSED USE 5. WELL TYPE

New Well  Replace  Recondition  Domestic  Irrigation  Test  Cable  Rotary  RVC  
 Deepen  Abandon  Other  Municipal/Industrial  Monitor  Stock  Air  Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
SANDY DIRT		0	7	7
CLAY		7	28	21
CALICHIE		28	33	5
CLAY		33	69	36
CALICHIE	WB	69	72	3
CLAY		72	111	39
CALICHIE	WB	111	115	4
CLAY		115	127	12
CALICHIE	WB	127	129	2
CLAY		129	140	11

8. WELL CONSTRUCTION

Depth Drilled 140 Feet Depth Cased 140 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>12.25</u> Inches	<u>0</u> Feet <u>140</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8.625</u>	<u>16.94</u>	<u>.188</u>	<u>0</u>	<u>140</u>

Perforations:

Type perforation **FACTORY SAW CUT**  
 Size perforation 1/8 X 3

From <u>120</u>	feet to <u>140</u>	fe
From _____	feet to _____	fe
From _____	feet to _____	fe
From _____	feet to _____	fe
From _____	feet to _____	fe

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 fe

9. WATER LEVEL

Static water level 69 feet below land surf  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 5/27/96, 19\_\_\_\_  
 Date completed 5/30/96, 19\_\_\_\_

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 Co.  
 Address PO Box 4220  
PAHRUMP NV  
 Nevada contractor's license number issued by the State Contractor's Board 89041  
 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 6-15-96

