

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

OFFICE USE ONLY  
 Log No. 54648  
 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. 15112

1. OWNER **THOMA, KLAUS** ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS **5501 MARY LOU PAHRUMP, NV 89041** **5501 MARY LOU**

2. LOCATION **NW 1/4 NE 1/4 Sec. 16 T 21S** N/S **R 54E** E **NYE** County  
 PERMIT NO. **R-1007** **43-113-01** **COTTONWOODS**  
 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
SANDY CLAY		0	11	11
CLAY		11	29	18
CALICHIE		29	36	7
CLAY		36	62	26
CALICHIE		62	66	4
CLAY		66	80	14
CALICHIE	WB	80	84	4
CLAY		84	96	12
CALICHIE	WB	96	110	14
CLAY		110	127	17
CALICHIE	WB	127	133	6
CLAY		133	140	7

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)
<b>8.625</b>	<b>5.5</b>	<b>.345</b>	<b>+2</b>	<b>140</b>

Perforations:  
 Type perforation **SAW CUT**  
 Size perforation **1/8 X 4**  
 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

9. WATER LEVEL  
 Static water level **70** 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 **Great Basin Drilling Co.** Contractor  
 Address **PO BOX 4220** Contractor  
**PAHRUMP, NV 89041**



Date started **9/12/96**, 19\_\_\_\_  
 Date completed **9/13/96**, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)		Time (Hours)
	G.P.M.		
<input type="checkbox"/> Bailer			
<input type="checkbox"/> Pump			
<input type="checkbox"/> Air Lift			

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 Dan  
 By driller performing actual drilling on-site or contractor  
 Date 9/16/96

