



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. 16284

1. OWNER FRANK & BARBARA WEST ADDRESS AT WELL LOCATION: 550 SILVER PEAK AVE.
 MAILING ADDRESS: _____

2. LOCATION NW 1/4 SW 1/4 Sec 21 T 20-S N/S R 53 E NYE County _____
 PERMIT NO. 39-103-23 CALVADA VALLEY UNIT 8-B BLK 24
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	Thickness
Surface		0	4	4
Gray clay		4	10	6
Limestone		10	16	6
Gray clay/caliche		16	28	12
Green clay		28	46	18
Gray clay/caliche	X	46	65	19
Brown clay		65	78	13
Brown clay/caliche		78	111	33
Brown clay	X	111	140	29

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	140

Perforations:
 Type perforation Torch Cut
 Size perforation 3/8" 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 Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 50 feet to 140 feet

9. WATER LEVEL
 Static water level: 47' 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: 1824
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date MAY 15, 1997

Date started May 6, 1997
 Date completed May 6, 1997

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>20</u>	<u>4</u>	<u>1/4</u>

