

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

OFFICE USE ONLY
 Log No. 71164
 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. 17713

1. OWNER Dennis and Diana Skogen ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS PO Box 12150 Location has not been given an address
Olympia, WA 90508

2. LOCATION NE 1/4 SE 1/4 Sec. 33 T 21S N/S R 54E E Nye County _____
 PERMIT NO. 45-461-20 Issued by Water Resources Parcel No. _____ Subdivision Name _____
Not specified

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
Brown Clay		0	2	2
light brown calache		2	6	4
brown clay		6	10	4
brown clay and gravel		10	14	4
brown calache/gravel		14	18	4
dark brown clay		18	45	27
dark brown clay		45	58	13
brown clay		58	77	19
brown clay		77	93	16
light brown clay		93	100	7
brown calache/gravel	x	100	122	22
light brown calache	x	122	148	26
brown clay	x	148	168	20
brown clay/gravel	x	168	185	17

8. WELL CONSTRUCTION
 Depth Drilled 185 Feet Depth Cased 185 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
11 Inches 0 Feet 185 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

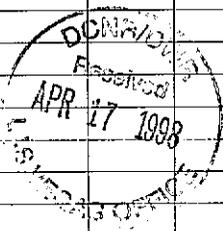
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>3.7</u>	<u>.280</u>	<u>0</u>	<u>185</u>

Perforations:
 Type perforation SAW CUT
 Size perforation .188

From 145 feet to 185 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 185 feet



Date started 4/12/98 19____
 Date completed 4/13/98 19____

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		Time (Hours)
	G.P.M.	Draw Down (Feet Below Static)	
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>.5</u>	<u>na</u>	<u>.50</u>

9. WATER LEVEL
 Static water level 100 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality good

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Strickland Construction Co., Inc. Contractor
 Address 2301 Winery Road, Suite 2 Contractor
Pahrump, NV 89048

Nevada contractor's license number issued by the State Contractor's Board 40277
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2086

Signed Ronny Strickland
 By driller performing actual drilling on-site or contractor
 Date 4.15.98

