

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

OFFICE USE ONLY  
 Log No. **71808**  
 Permit No. **162**  
 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. **17652**

1. OWNER **RAYMOND RUIZ**  
 MAILING ADDRESS **3781 S. UNDERBRUSH PAHRUMP, NV 89048**

ADDRESS AT WELL LOCATION **3781 S. UNDERBRUSH**

2. LOCATION **SE 1/4 SE 1/4 Sec. 31 T 20S**  
 PERMIT NO. **41-232-14**  
 Issued by Water Resources Parcel No. Subdivision Name

N/S **R 54E** E **NYE** County  
**CALVADA VALLEY**

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  RV  
 Air  Other

6. LITHOLOGIC LOG

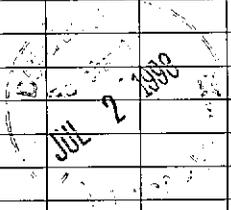
Material	Water Strata	From	To	Thickness
CLAY & CALICHE		0	73	73
CALICHE	WB	73	85	12
CLAY		85	97	12
CALICHE	WB	97	113	16
CLAY		113	125	12
CALICHE	WB	125	132	7
CLAY		132	140	8

8. WELL CONSTRUCTION  
 Depth Drilled **140** Feet Depth Cased **140** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **10.25** Inches To **0** Feet **140** Feet  
 Inches Feet Feet Feet  
 Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6.625</b>	<b>4.33</b>	<b>.316</b>	<b>0</b>	<b>140</b>

Perforations:  
 Type perforation **SAW CUT**  
 Size perforation **1/8" X 3"**  
 From **100** feet to **140** feet f  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet f  
 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 f



Date started **5/18/98**, 19  
 Date completed **5/22/98**, 19

9. WATER LEVEL  
 Static water level **70** feet below land surf  
 Artesian flow \_\_\_\_\_ G.P.M. P  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	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.** Contractor  
 Address **PO BOX 4220** Contractor  
**PAHRUMP, NV 89041**  
 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 Da...**  
 By driller performing actual drilling on-site or contractor  
 Date **6/19/98**

