

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

OFFICE USE ONLY
 Log No. 72891
 Permit No. _____
 Basin 162
 NOTICE OF INTENT NO. 17666

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

1. OWNER **KAREN SWANBERG** ADDRESS AT WELL LOCATION **5521 JOHNNIE MINE**
 MAILING ADDRESS **5521 JOHNNIE MINE**
PAHRUMP, NV 89048

2. LOCATION **SW** 1/4 **NE** 1/4 Sec. **16** T **19S** N/S R **53E** E **NYE** County
 PERMIT NO. **29-212-09** **COUNTRY PLACE II**
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
SAND & CLAY		0	95	95
CALICHE	WB	95	104	9
CLAY		104	121	17
CALICHE	WB	121	132	11
CLAY		132	151	19
CALICHE		151	165	14
CLAY		165	183	18
CALICHE		183	194	11
CLAY		194	208	14

8. WELL CONSTRUCTION
 Depth Drilled **208** Feet Depth Cased **208** Feet

HOLE DIAMETER (BIT SIZE)
12.25 Inches From **0** Feet To **208** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8.625	16.94	.188	0	208

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

From	170	feet to	190	feet
From		feet to		feet
From		feet to		feet
From		feet to		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 **208** feet

9. WATER LEVEL
 Static water level **98** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **6/17/98** _____, 19____
 Date completed **6/19/98** _____, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.		Time (Hours)
	Bailer	Pump	
	Draw Down (Feet Below Static)	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 Contractor
 Address _____ Contractor

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 **12/10/98**