

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

OFFICE USE ONLY  
 Log No. **73046**  
 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. **18630**

1. OWNER **BARTON, GARY** ADDRESS AT WELL LOCATION **1141 S MEIER**  
 MAILING ADDRESS **1141 S MEIER**  
**PAHRUMP, NV 89048**

2. LOCATION **NE** 1/4 **NW** 1/4 Sec. **24** T **20S** N/S R **52E** E **NYE** County  
 PERMIT NO. **28-512-03** **ROCK-N-HORSE ESTATES**  
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  New Well  Replace  Recondition  Deepen  Abandon  Other

4. PROPOSED USE  Domestic  Municipal/Industrial  Irrigation  Monitor  Test  Stock

5. WELL TYPE  Cable  Rotary  RVC  Air  Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
CLAY		0	71	
CALICHIE	WB	71	85	14
CLAY		85	97	12
CALICHIE	WB	97	111	14
CLAY		111	122	11
CALICHIE	WB	122	138	16
CLAY		138	140	2

8. WELL CONSTRUCTION  
 Depth Drilled **140** Feet Depth Cased **140** Feet

HOLE DIAMETER (BIT SIZE)  
 From **12.25** 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>8.625</b>	<b>16.94</b>	<b>.188</b>	<b>0</b>	<b>140</b>

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

From <b>100</b> feet to <b>120</b> feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal:  Yes  No  
 Depth of Seal **50**  
 Placement Method:  Pumped  Poured  
 Seal Type:  Neat Cement  Cement Grout  Concrete Grout

Gravel Packed:  Yes  No  
 From **50** feet to **140** feet

9. WATER LEVEL  
 Static water level **52** 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. OF NEVADA, INC.** Contractor  
 Address **P.O. BOX 4220** Contractor  
**PAHRUMP, NV. 89048**  
 Nevada contractor's license number issued by the State Contractor's Board **030880**  
 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 **12/31/98**

Date started **12/21/98**, 19\_\_\_\_  
 Date completed **12/21/98**, 19\_\_\_\_

7. WELL TEST DATA

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			