

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

OFFICE USE ONLY
 Log No. **13081**
 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. **18229**

1. OWNER **KIM WASHINGTON** ADDRESS AT WELL LOCATION **281 W. SPRING MOUNTAIN**
 MAILING ADDRESS **281 W. SPRING MOUNTAIN**
PAHRUMP, NV 89048

2. LOCATION **NW 1/4 NE 1/4 Sec. 16 T 19S** N/S R **53E E** County **NYE**
 PERMIT NO. **29-215-17** **COUNTRY PLACE II** Subdivision Name
 Issued by Water Resources Parcel No.

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
CLAY		0	99	
CALICHE		99	106	7
CLAY		106	112	6
CALICHE		112	117	5
CLAY		117	130	13
CALICHE		130	135	5
CLAY		135	141	6
CALICHE	WB	141	146	5
CLAY		146	158	12
CALICHE	WB	158	163	5
CLAY		163	170	7
CALICHE	WB	170	175	5
CLAY		175	180	5
CALICHE	WB	180	185	5

8. WELL CONSTRUCTION
 Depth Drilled **185** Feet Depth Cased **185** Feet
 HOLE DIAMETER (BIT SIZE)
 From **0** Feet To **185** Feet
 12.25 Inches _____ Feet _____ 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	140

 Perforations:
 Type perforation **FACTORY SAW CUT**
 Size perforation **1/8 X 3**
 From **140** feet to **160** 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 **7/27/98**, 19____
 Date completed **7/31/98**, 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			

9. WATER LEVEL
 Static water level **104** 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 **12/9/98**

