WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 73084
Permit No.
Basin 162

NOTICE OF INTENT NO. 18365

1. OWNER REAL ESTATE UNLIMITED
MAILING ADDRESS 4480 MEDICINE MAN
PAHRUMP, NV 89048

ADDRESS AT WELL LOCATION 4480 MEDICINE MAN

2. LOCATION NW 1/4 SE 1/4 Sec. 14 T 20S N/S R 52E E NYE County
PERMIT NO. _____ Issued by Water Resources
28-732-15 Parcel No.
CHARLESTON PARK RANCHOS Subdivision Name

3. WORK PERFORMED
[X] New Well [ ] Replace [ ] Recondition
[ ] Deepen [ ] Abandon [ ] Other _____

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

5. WELL TYPE
[ ] Cable [X] Rotary [ ] RVC
[ ] Air [ ] Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
CLAY		0	65	
CALICHE	WB	65	80	15
CLAY		80	93	13
CALICHE	WB	93	113	20
CLAY		113	125	12
CLAICHE	WB	125	140	15

Date started 11/9/98 , 19__
Date completed 11/13/98 , 19__

7. WELL TEST DATA
TEST METHOD: [ ] Bailer [ ] Pump [ ] Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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

HOLE DIAMETER (BIT SIZE)

		From		To	
12.25	Inches	0	Feet	140	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 100 feet to 120 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: [X] Yes [ ] No
Depth of Seal 500
Placement Method: [ ] Pumped [X] Poured
Seal Type: [ ] Neat Cement [ ] Cement Grout [X] Concrete Grout

Gravel Packed: [X] Yes [ ] No
From 50 feet to 140 feet

9. WATER LEVEL
Static water level 55 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 Dam By driller performing actual drilling on-site or contractor
Date 12/8/98