

OFFICE USE ONLY  
 Log No. 79264  
 Permit No. \_\_\_\_\_  
 Basin 162

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 20160

1. OWNER MARY WALTERS ADDRESS AT WELL LOCATION 830 CHIPMUNK AVENUE  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION NW 1/4 NW 1/4 Sec. 21 T. 20-S N/S R 53 E NYE County \_\_\_\_\_  
 PERMIT NO. 39-132-13 CALVADA VALLEY, UT:8B, BK:31  
 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
SURFACE		0	4	4
GRAY CLAY		4	28	24
GRAY CLAY/CALICHE		28	61	33
GRAY CLAY	X	61	88	27
BROWN CLAY/CALICHE		88	107	19
BROWN CLAY	X	107	138	31
BROWN CLAY/CALICHE		138	169	31
BROWN CLAY	X	169	180	11

8. WELL CONSTRUCTION  
 Depth Drilled 180 Feet Depth Cased 180 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 12 Inches To 180 Feet  
 \_\_\_\_\_ 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 5/8	16.94	.188	0	180

Perforations:  
 Type perforation TORCH CUT  
 Size perforation 4" WIDTH 8" LONG  
 From 140 feet to 180 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 180 feet

9. WATER LEVEL  
 Static water level 48 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started MARCH 21 2000  
 Date completed MARCH 21 2000

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
20	4	1/4	

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name JIM PIKE WELL DRILLING, INC. Contractor  
 Address P.O. BOX 56 Contractor  
PAHRUMP, NV 89041  
 Nevada contractor's license number issued by the State Contractor's Board 17563A  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1812  
 Signed [Signature] By driller performing actual drilling on site or contractor  
 Date MARCH 27, 2000