

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

OFFICE USE ONLY
 Log No. **79289**
 Permit No. **162**
 Basin **162**
 NOTICE OF INTENT NO. **20561**

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 **PEREA, RUEBEN** ADDRESS AT WELL LOCATION **5680 E DOUBLETREE**
 MAILING ADDRESS **5680 E DOUBLETREE PAHRUMP, NV 89048**

2. LOCATION **SW** 1/4 **NE** 1/4 Sec. **16** T **21S** N/S R **54E** E **NYE** County
 PERMIT NO. **43-081-16** **COTTONWOODS** 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 & GRAVEL		0	100	100
GRAVEL	WB	100	115	15
CLAY		115	128	13
GRAVEL	WB	128	140	12
CLAY		140	155	15
GRAVEL	WB	155	160	5

8. WELL CONSTRUCTION
 Depth Drilled **160** Feet Depth Cased **160** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
10.25	0	160	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	3.63	.280	0	160

Perforations:
 Type perforation **SAW CUT**
 Size perforation **1/8 X 3**
 From **120** feet to **160** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal **50**
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **50** feet to **160** feet

9. WATER LEVEL
 Static water level **78** 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 **47333**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1642**
 Signed *Thomas D...*
 By driller performing actual drilling on-site or contractor
 Date **04/10/2000**

Date started **04/03/2000**, 19____
 Date completed **04/07/2000**, 19____

7. WELL TEST DATA

TEST METHOD:	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			