

PRINT OR TYPE ONLY
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WELL DRILLER'S REPORT

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

Log No. _____
 Permit No. _____
 Basin. **57783**

NOTICE OF INTENT NO. _____

1. OWNER **Jose Escobedo** ADDRESS AT WELL LOCATION **1520 JAMES MANROE**
 MAILING ADDRESS **Flying S. Trailer** **BATTLE MTN 89220**
PARK BATTLE MTN 89220
 2. LOCATION **NW 1/4 NW 1/4 Sec 4 T 31** **NSR 45 E HENDER CO.** County
 PERMIT NO. **011-220-01** **JAMES MANROE** 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	Thick-ness
TOP SOIL		0	10	10
HARD SANDY CLAY		10	20	10
SAND		20	40	20
Blue clay		40	100	60
TAN clay + gravel		100	120	20
N 40.596713 W 116.919477				

8. WELL CONSTRUCTION
 Depth Drilled **120** Feet Depth Cased **120** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10 5/8** Inches To **120** 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)
6 5/8		.088	+1	120

Perforations:
 Type perforation **SAWED**
 Size perforation **7/8 x 3**
 From **100** feet to **130** feet
 From _____ feet to _____ feet

Latitude **UTM E/1506 898** NAD 27
 Longitude **N 44 937 82** NAD 83/
 WGS 84

Surface Seal: Yes No Seal Type:
 Depth of Seal **50 ft.** Neat Cement
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No (50' - 100' = 7.50 gph)
 From **100** feet to **120** feet

9. WATER LEVEL
 Static water level **12** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **Cold** °F Quality **Good**

Date started **02-12**, 20**07**
 Date completed **02-13**, 20**07**

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 checked="" type="checkbox"/> Air Lift	1007	UNK	2 Hrs

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge
 Name **LBJ Drilling Co.** Contractor
 Address **P.O. Box 90** Contractor
Wmca 89446
 Nevada contractor's license number **9605** issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1907**
 Signed **Joe Buzza**
 By driller performing actual drilling on site or contractor
 Date **02-19-07**