

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

OFFICE USE ONLY
Log No. **112369**
Permit No. **117**
Basin

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. **35210**

1. OWNER **WILLIAM JEFF SHEA** ADDRESS AT WELL LOCATION **DAVIS MEADOW TRAIL LOT 14 B FISH LAKE VALLEY**
MAILING ADDRESS **1027 S RAINBOW BLVD. UNIT 284 LAS VEGAS NV 89145** Subdivision Name **UPPER MOUNTAIN WATER RANCH ES MERALDA**
2. LOCATION **NE 1/4 NE 1/4 Sec 27 T 1 N R 34 E** Latitude **37° 49' 58.3"** UTM E NAD 27
PERMIT/WAIVER No. **007-770-22** Longitude **118° 10' 04.1"** N NAD 83/WGS 84
Issued by Water Resources Parcel No.

3. WORKED PERFORMED New Well Replace Recondition Deepen Other
4. PROPOSED USE Domestic Irrigation Test Monitor Municipal/Industrial Stock
5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
ROCKS + BOULDERS		0	150	150
SANDY LOAM + GRAVEL		150	250	100
CLAY GRAVEL + BOULDERS		250	550	300
SAND + GRAVEL	W.B.	550	600	50

DCNR/DWR RECEIVED
NOV 12 2010
LAS VEGAS OFFICE

9. WELL CONSTRUCTION
Depth Drilled **600** Feet Depth Cased **600** Feet
HOLE DIAMETER (BIT SIZE)
From **9 7/8** Inches To **0** Feet
Inches **0** Feet **600** Feet
Inches **0** Feet **600** Feet
CASING SCHEDULE
Size O.D. (Inches) **6 5/8** Weight/Ft. (Pounds) **12.92** Wall Thickness (Inches) **.188** From (Feet) **0** To (Feet) **600**

Perforations:
Type of perforation **Air Perforator**
Size of perforation **1/8" INCH BY 1 INCH 4 ROW**
From **600** feet to **500** feet
From _____ feet to _____ feet
Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout **2.0** to **Surface** Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured
Gravel Pack: Yes No **600** to **100** Pumped Poured
Type: **PEA GRAVEL**
Bentonite Chips: Yes No **100** to **20** Pumped Poured
Type: **3/8" HOLE PLUG BALL**

Date started: **9-10**, 20 **10**
Date completed: **9-30**, 20 **10**

7. Water Level
Static water level: **500** feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: **COOL** °F
Quality: _____

8. 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	20	10 Ft.	2 Hr.

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name **BUDGET DRILLING CO.** Contractor
Address **P.O. Box 3505 Pahrump NV. 89041** Contractor
Nevada contractor's license number _____
issued by the State Contractor's Board **40020**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1573**
Signed **[Signature]**
By driller performing actual drilling on-site or contractor
Date **10-5-2010**