

Log No. 26772
 Permit No. _____
 Basin 161



WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 10

PRINT OR TYPE ONLY

1. OWNER Carlett ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS Indian Springs _____
 2. LOCATION 1/4 SE 1/4 Sec. 11 T. 16 N/S R. 50 E Clark County
 PERMIT NO. _____ Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sandy Clay</u>		<u>0</u>	<u>30</u>	<u>30</u>
<u>Clay</u>		<u>30</u>	<u>60</u>	<u>30</u>
<u>Gravel</u>		<u>60</u>	<u>91</u>	<u>31</u>
<u>Large</u>		<u>91</u>		
<u>Gravel & water</u>	<u>OK</u>	<u>95</u>	<u>4</u>	

8. WELL CONSTRUCTION
 Diameter hole 12 1/4 inches Total depth 95 feet
 Casing record 8 3/8 x 95
 Weight per foot 14.56 Thickness 1.56
 Diameter 8 3/8 inches From 0 feet To 95 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Cement
 Depth of seal 30 feet
 Gravel packed: Yes No
 Gravel packed from 30 feet to 95 feet
 Perforations:
 Type perforation Touch
 Size perforation 1/8 x 6" 3 Rows
 From 75 feet to 95 feet
 From _____ feet to _____ feet

RECEIVED
 MAY 28 1985

Div. of Water Resources
 Branch Office - Las Vegas, NV

Date started 8-1- 1984
 Date completed 8-1- 1984

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

9. WATER LEVEL
 Static water level 26 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ ° F. Quality _____

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Cusum Drilling Inc Contractor
 Address 4425 Stacey Ave N. U. Nev Contractor
 Nevada contractor's license number 19219
 Nevada contractor's drillers number _____
 Nevada driller's license number 1081 Actual Driller
 Signed Bob Capehart Contractor
 Date 8-5-84

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours