



WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 1728

PRINT OR TYPE ONLY

1. OWNER PETRO BALESTRACCI ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____

2. LOCATION SW 1/4 NW 1/4 Sec. 14 T. 22 N/S R. 61 E CLARK County
 PERMIT NO. _____ Parcel No. 1435 E. SHELBORNE Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>SAND</u>		<u>0</u>	<u>1</u>	<u>1</u>
<u>Caliche</u>		<u>1</u>	<u>39</u>	<u>38</u>
<u>SAND-Clay-Gravel</u>		<u>39</u>	<u>140</u>	<u>101</u>
<u>Caliche HARD</u>		<u>140</u>	<u>169</u>	<u>29</u>
<u>VALC ROCK w/</u>				
<u>STREAK OF Clay</u>		<u>169</u>	<u>281</u>	<u>112</u>
<u>CMT. GRAVEL w/</u>				
<u>STREAK OF Clay</u>		<u>281</u>	<u>360</u>	<u>79</u>

8. WELL CONSTRUCTION
 Diameter hole 1 1/4 inches Total depth 360 feet
 Casing record 0-360
 Weight per foot _____ Thickness 1.56
 Diameter From To
8.78 inches 0 feet 360 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type CMT
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from 50 feet to 360 feet
 Perforations:
 Type perforation factory
 Size perforation _____
 From 320 feet to 360 feet
 From _____ feet to _____ feet

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 SEP 16 1985

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

Date started 7-29- 1985
 Date completed 8-1- 1985

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level 101 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 LEE R. THOMAS Contractor
 Address 5965 N. MAVERICK Contractor
 Nevada contractor's license number 10831
 Nevada contractor's drillers number 623
 Nevada driller's license number 623 Actual Driller
 Signed Lee R. Thomas Contractor
 Date 8-10-85

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