

OFFICE USE ONLY
 Log No. 27896
 Permit No. 47449
 Basin 102
 NOTICE OF INTENT NO. 0654

WELL DRILLERS REPORT

PRINT OR TYPE ONLY (DIETRICH) Please complete this form in its entirety

1. OWNER: Juanitz Dietrick ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____

2. LOCATION: N.W. 1/4 NE 1/4 Sec. 6 T. 20 S N/S R. 52 E 042 County
 PERMIT NO. 47449 Issued by Water Resources Parcel No. _____ Subdivision Name _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Brown Clay</u>		<u>0</u>	<u>55</u>	<u>55</u>
<u>Clay</u>	<u>X</u>	<u>55</u>	<u>58</u>	<u>3</u>
<u>Clay</u>		<u>59</u>	<u>98</u>	<u>40</u>
<u>Clay</u>	<u>X</u>	<u>98</u>	<u>101</u>	<u>3</u>
<u>Grey Clay w/stps</u>	<u>XX</u>	<u>101</u>	<u>140</u>	<u>39</u>

8. WELL CONSTRUCTION
 Diameter hole 12 1/4 inches Total depth 140 feet
 Casing record 140 X 8 1/2
 Weight per foot _____ Thickness 156
 Diameter _____ From _____ To _____
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type Cement
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from 50 feet to 140 feet
 Perforations:
 Type perforation Torch
 Size perforation 1/8 X 6"
 From 100 feet to 140 feet
 From _____ feet to _____ feet

RECEIVED
 DEC 6 1983
 Div. of Water Resources
 Branch Office - Las Vegas, Nev.

Date started 10-14 1983
 Date completed 10-15 1983

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level 39 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 Custom Drilling inc Contractor
 Address 4425 Stacey Ave L.V. Contractor
 Nevada contractor's license number 19219
 Nevada contractor's drillers number _____
 Nevada driller's license number 1081 Actual Driller
 Signed Bob Cooper Contractor
 Date 12-4-83

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