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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

NOTICE OF INTENT NO. **7678**

1. OWNER **PAUL MCKENNY** ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_

2. LOCATION **SE 1/4 SW 1/4 Sec 2 T. 18 N/S R. 49 E NYE** County  
 PERMIT NO. **19-452-14** Parcel No. **LITTLE NEVADA SUBDIVISION** Subdivision Name

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	Thickness
CLAY + GRAVEL		0	15	15
CLAY		15	38	23
CALICHE		38	44	6
CLAY		44	65	21
CALICHE	TR	65	77	12
CLAY		77	88	11
CALICHE	WB	88	96	8
CLAY		96	112	6
SAND + GRAVEL	WB	112	150	38

8. WELL CONSTRUCTION  
 Depth Drilled **150** Feet Depth Cased **150** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
**12 1/4** Inches **0** Feet **50** Feet  
**9 7/8** Inches **50** Feet **150** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>8 5/8</b>	<b>16.94</b>	<b>.188</b>	<b>0</b>	<b>150</b>

Perforations:  
 Type perforation **FACTORY SAW CUT**  
 Size perforation **RING BY 3 INCH**  
 From **130** feet to **150** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal **50**  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level **60** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **COOL** °F Quality \_\_\_\_\_

Date started **5-11** 19**92**  
 Date completed **5-14** 19**92**

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 type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **GREAT BASIN DRILLING** Contractor  
 Address **HCR 78 BOX 80358**  
**PAHRUMP NV. 89041** Contractor  
 Nevada contractor's license number issued by the State Contractor's Board **30880**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1573**  
 Signed **Janie Brown**  
 By driller performing actual drilling on site or contractor  
 Date **5-14-92**

