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WELL DRILLER'S REPORT *m Book*

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **11608**

1. OWNER **GILBERT MARTINEZ**
 MAILING ADDRESS _____

ADDRESS AT WELL LOCATION **COAL AV + WASHO ST. SANDY VALLEY**

2. LOCATION **SE 1/4 SE 1/4 Sec 16 T 24 N/S R 56 E CLARK** County

PERMIT NO. _____ Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SANDY LOAM CLAY		0	8	8
GRAVEL		8	28	20
CLAY + GRAVEL		28	36	8
CALICHE		36	92	56
CLAY + GRAVEL		92	108	16
CLAY + GRAVEL	u.B.	108	122	14
CLAY + GRAVEL		122	124	2
CEMENTED SAND + GRAVEL WITH FRACTURES	u.B.	124	148	24
CLAY			155	7
CLAY		155	167	12
CLAY	u.B.	167	169	2
CLAY		169	180	11

8. WELL CONSTRUCTION
 Depth Drilled **180** Feet Depth Cased **180** Feet
 HOLE DIAMETER (BIT SIZE)
 From **12 1/4** Inches To **180** Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.94	.188	0	180

Perforations:
 Type perforation **FACTORY SAW CUT**
 Size perforation **8 INCH BY 3 INCH**
 From **180** feet to **160** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: _____
 Depth of Seal **50**
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **50** feet to **180** feet

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APR 29 1993

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

Date started **4-23**, 19**93**
 Date completed **4-26**, 19**93**

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL
 Static water level **122** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **60.0** °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **ONEAT BASIN DRILLING** Contractor
 Address **HQR. 78 BOX 80358** Contractor
PAHRUMP NV. 89041
 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 **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **4-26-93**

