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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. 10743

1. OWNER TED GREENHALGH ADDRESS AT WELL LOCATION PATRICK MANN  
 MAILING ADDRESS \_\_\_\_\_

2. LOCATION SW 1/4 NE 1/4 Sec 35 T. 31 N. R. 60 E CLARK County  
 PERMIT NO. 56743 Issued by Water Resources Parcel No. \_\_\_\_\_ 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	Thick-ness
<u>FILL + CEMENTED GRAVEL</u>		<u>0</u>	<u>30</u>	<u>30</u>
<u>CEMENTED GRAVEL W/ STREAKS OF CLAY + GRAVEL</u>		<u>30</u>	<u>200</u>	<u>170</u>
<u>CEMENTED GRAVEL W/ STREAKS OF CLAY + GRAVEL</u>		<u>200</u>	<u>370</u>	<u>170</u>
<u>CEMENTED GRAVEL W/ STREAKS OF CLAY + GRAVEL</u>		<u>370</u>	<u>465</u>	<u>95</u>

8. WELL CONSTRUCTION  
 Depth Drilled 465 Feet Depth Cased 465 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 12 Inches 0 Feet 465 Feet  
 To \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>	<u>16.94</u>	<u>.188</u>	<u>+1</u>	<u>465</u>

Perforations:  
 Type perforation FACTORY  
 Size perforation 4 1/2 x 3  
 From 435 feet to 445 feet  
 From 385 feet to 405 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 50'  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 50 feet to 465 feet

9. WATER LEVEL  
 Static water level 318' feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 10-19 1992  
 Date completed 10-27 1992

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 DESERT DRILLING Contractor  
 Address 6475 GARY AVE Contractor  
LAS VEGAS, NV. 89139  
 Nevada contractor's license number issued by the State Contractor's Board 34274  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1594  
 Signed Timothy Cour  
 By driller performing actual drilling on site or contractor  
 Date 10-26-92

RECEIVED  
 OCT 29 1992  
 Div. of Water Resources  
 Branch Office - Las Vegas, NV

