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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. 24008

1. OWNER H. Wolf ADDRESS AT WELL LOCATION Leter Reservoir  
 MAILING ADDRESS 5595 Tarzunu Rd

2. LOCATION NW 1/4 NW 1/4 Sec 3 T 20 N/S R 29 E Churchill 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  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Sand	X	0	18	18
clay		18	44	26
Silty Clay		36	39	3
Black Clay		39	44	5
Black Silt	X	44	66	22
Grey Clay		66	108	42
Grey Silt	X	108	151	43
Brown Sand	X	151	162	12
Grey Clay		162	169	7
Grey Silt	X	169	184	15
Grey Sand	X	184	204	20

8. WELL CONSTRUCTION  
 Depth Drilled 204 Feet Depth Cased 204 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
10 Inches 0 Feet 50 Feet  
6 Inches 50 Feet 204 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>12.9</u>	<u>.185</u>	<u>1</u>	<u>204</u>

Perforations:  
 Type perforation Machine Sbt  
 Size perforation 3/32  
 From 195 feet to 202 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 \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level \_\_\_\_\_ feet below land surface  
 Artesian flow 20 G.P.M. 2 P.S.I.  
 Water temperature 70 °F Quality poor

Date started 7-11-93, 19\_\_\_\_  
 Date completed 7-14-93, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>40</u>		<u>1</u>	

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Welsco Contractor  
 Address Box 885 Contractor  
Fallon Nev  
 Nevada contractor's license number issued by the State Contractor's Board 11752  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 772  
 Signed W. B. Buller by driller performing actual drilling on site or contractor  
 Date \_\_\_\_\_