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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. 12023

1. OWNER Albert Olson ADDRESS AT WELL LOCATION Lot 9 Blosser Ranch Rd  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION NW 1/4 SE 1/4 Sec. 33 T 19S N/S R. S3 E Nye County \_\_\_\_\_  
 PERMIT NO. 29-171-04 Parcel No. \_\_\_\_\_ Subdivision Name Mesquite Ranch  
 Issued by Water Resources \_\_\_\_\_

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
Clay		0	6	6
Caliche		6	8	2
Clay		8	14	6
caliche		14	17	3
Clay		17	34	17
caliche		36	34	2
Clay		38	53	15
Caliche	WB	53	56	3
Clay		56	74	18
caliche	WB	74	76	2
Clay		76	96	20
Caliche	WB	96	100	4
Clay		100	117	17
caliche	WB	117	121	4
Clay		121	135	14
Caliche	WB	135	140	5

8. WELL CONSTRUCTION  
 Depth Drilled 140 Feet Depth Cased 140 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 12 1/4 Inches To 0 Feet 140 Feet  
 \_\_\_\_\_ 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>0</u>	<u>140</u>

Perforations:  
 Type perforation Factory Saw cut  
 Size perforation 1/8 x 3  
 From 100 feet to 120 feet  
 \_\_\_\_\_ 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 140 feet

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9. WATER LEVEL  
 Static water level 49 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 7-19 1993  
 Date completed 7-23 1993

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)

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 HER 78 Box 80358 Contractor  
Pahrump NV 89041  
 Nevada contractor's license number 30890 issued by the State Contractor's Board.  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1642  
 Signed Thomas Dun  
 By driller performing actual drilling on site or contractor  
 Date 8-3-93