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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. 12791

1. OWNER ED Webb ADDRESS AT WELL LOCATION Lot 122 SIMKINS AVE  
 MAILING ADDRESS \_\_\_\_\_

2. LOCATION SE 1/4 SE 1/4 Sec. 19 T 19S N/S R 53 E Nye County  
 PERMIT NO. 29-471-13 Parcel No. Valley View Acres 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
Sandy clay		0	6	6
CLAY		6	27	21
caliche		27	29	2
clay		29	46	17
caliche		46	48	2
clay		48	65	17
caliche	wB	65	68	3
clay		68	93	25
caliche	wB	93	98	5
clay		98	118	20
caliche	wB	118	123	5
clay		123	142	19
caliche	wB	142	146	4
clay		146	157	11
caliche	wB	157	160	3

8. WELL CONSTRUCTION  
 Depth Drilled 160 Feet Depth Cased 160 Feet

HOLE DIAMETER (BIT SIZE)  
 From 12 1/4 Inches To 160 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4 3/8</u>	<u>16.94</u>	<u>.184</u>	<u>0</u>	<u>160</u>

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

9. WATER LEVEL  
 Static water level 48 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started \_\_\_\_\_, 19\_\_\_\_  
 Date completed \_\_\_\_\_, 19\_\_\_\_

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 II  
 Address HER 78 Box 80358 Contractor PAHump 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 1642  
 Signed [Signature] By driller performing actual drilling on site or contractor  
 Date \_\_\_\_\_

RECEIVED  
 MAY 03 1994  
 Div. of Water Resources  
 Branch Office - Las Vegas, NV