

OFFICE USE ONLY  
 Log No. 44709  
 Permit No. \_\_\_\_\_  
 Basin \_\_\_\_\_  
 NOTICE OF INTENT NO. 13011

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

1. OWNER WARREN WALKER ADDRESS AT WELL LOCATION Lot 10 Chion St  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION NW 1/4 SE 1/4 Sec. 29 T. 20S N/S R. 53 E County Wye  
 PERMIT NO. 40-281-10 Parcel No. Calvada Subdivision Name \_\_\_\_\_  
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
Clay		0	5	5
Caliche		5	27	22
Clay		27	35	8
Caliche		35	47	12
Clay		47	52	5
Caliche		52	55	3
Clay		55	74	19
Caliche	WB	74	79	5
Clay		79	106	27
Caliche	WB	106	108	2
Clay		108	122	14
Caliche	WB	122	125	3
Clay		125	132	7
Caliche	WB	132	140	8

8. WELL CONSTRUCTION  
 Depth Drilled 140 Feet Depth Cased 140 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 0 To 140  
12 1/4 Inches \_\_\_\_\_ Feet \_\_\_\_\_ 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 3/8</u>	<u>16.94</u>	<u>.185</u>	<u>0</u>	<u>140</u>

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

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 50 \_\_\_\_\_  
 Neat Cement  
 Placement Method:  Pumped  Poured  Cement Grout  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 50 feet to 140 feet

9. WATER LEVEL  
 Static water level 52 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 2-28 1994  
 Date completed 3-4 1994

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 HR 78 Box 80358 Contractor  
Phump NU 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 Thomas Dan  
 By driller performing actual drilling on site or contractor  
 Date 3-22-94

RECEIVED  
 APR 26 1994  
 Div. of Water Resources  
 Branch Office - Las Vegas, NV

