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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. **14112**

1. OWNER **Larry Walls** ADDRESS AT WELL LOCATION **7810 Jane Pahump NV 89041**  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION **SE 1/4 SW 1/4 Sec 20 T 21S N/S R 54 E Nye** County  
 PERMIT NO. **45-314-08** Issued by Water Resources Parcel No. \_\_\_\_\_ Subdivision Name **Green saddle ranch**

3. WORK PERFORMED  
 New Well  Replace  Recondition  Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE  
 Domestic  Municipal/Industrial  Irrigation  Monitor  Test  Stock  Air  Other \_\_\_\_\_  
 5. WELL TYPE  
 Cable  Rotary  RVC  Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sandy clay		0	12	12
CLAY		12	34	22
Caliche		34	36	2
CLAY		36	75	39
Caliche	WB	75	78	3
CLAY		78	113	35
Limestone	WB	113	129	16
CLAY		129	134	5
Caliche	WB	134	140	6

8. WELL CONSTRUCTION  
 Depth Drilled **140** Feet Depth Cased **140** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **12 1/4** Inches To **0** Feet  
 \_\_\_\_\_ 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)
<b>8 3/8</b>	<b>16.94</b>	<b>.188</b>	<b>0</b>	<b>140</b>

Perforations:  
 Type perforation **Factory Sawcut**  
 Size perforation **1/8 V?**  
 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  Concrete Grout  
 Poured  
 Gravel Packed:  Yes  No  
 From **50** feet to **140** feet

9. WATER LEVEL  
 Static water level **38** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

RECEIVED  
 OCT 04 1994  
 Div. of Water Resources  
 Branch Office - Las Vegas, NV

Date started **9-12** 19**94**  
 Date completed **9-16** 19**94**

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 Pahump NV 89041** Contractor  
 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 **9/28/94**