

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

NOTICE OF INTENT NO. **14118**

1. OWNER **Paul Cook** ADDRESS AT WELL LOCATION **Lot 156 Cordova St**  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION **SW 1/4 NW 1/4 Sec 20 T. 19S N/S R. 53 E Nye** 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
Clay		0	5	5
Caliche		5	7	2
Clay		7	42	35
Caliche		42	45	3
Clay		45	70	25
Caliche	WB	70	74	4
Clay		74	109	35
Caliche	WB	109	114	5
Clay		114	128	14
Sand & Gravel	WB	128	140	12

8. WELL CONSTRUCTION  
 Depth Drilled **140** Feet Depth Cased **140** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **12 1/4** Inches To **8** Inches  
 From **0** Feet To **140** 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>1694</b>	<b>.188</b>	<b>0</b>	<b>14</b>

Perforations:  
 Type perforation **Factory Saw cut**  
 Size perforation **1/8 x 3**  
 From **100** feet to **120** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **30**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **50** feet to **140** feet

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

Date started **9-19**, 19**94**  
 Date completed **9-22**, 19**94**

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			

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

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**  
 Address **HCR 78 Box 80358**  
**Palump NV 89011**  
 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 Dun**  
 Date **9-28-94**