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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. **13746**

1. OWNER **SANDSTONE LAND & CATTLE CO** ADDRESS AT WELL LOCATION **CACTUS SPRINGS**  
 MAILING ADDRESS **5046 16th STREET TRUCK STOP 9999.7 TONOPAH Hwy**  
**CARPENTERIA CA 93013** **US 95 CACTUS SPRINGS**  
 2. LOCATION **NE 1/4, NE 1/4 Sec. 11 T. 16 N. R. 55 1/2 E. CLARK** County  
 PERMIT NO. **MO-2486** Issued by Water Resources **550-110-002** Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<b>ASPHALT/FILL</b>		<b>0</b>	<b>3</b>	<b>3</b>
<b>CALICHE</b>		<b>3</b>	<b>4</b>	<b>1</b>
<b>CLAY</b>		<b>4</b>	<b>8</b>	<b>4</b>
<b>SANDY CLAY</b>		<b>8</b>	<b>14.5</b>	<b>6.5</b>
<b>CLAY</b>		<b>14.5</b>	<b>17</b>	<b>2.5</b>
<b>SILTY CLAY</b>		<b>17</b>	<b>25</b>	<b>8</b>

8. WELL CONSTRUCTION  
 Depth Drilled **25** Feet Depth Cased **25** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **8** Inches To **0** Feet **25** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>2.375</b>	<b>0.64</b>	<b>0.154</b>	<b>0</b>	<b>25</b>

Perforations:  
 Type perforation **FACTORY SLOT**  
 Size perforation **0.020**  
 From **5** feet to **25** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **0-1/1-3' BENTONITE**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **3** feet to **25** feet

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 Div. of Water Resources  
 Branch Office - Las Vegas, NV

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

Date started **SEPT 8**, 19 **94**  
 Date completed **SEPT 8**, 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			

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **THOMAS NIGH** Contractor  
 Address **4670 SO. POLARIS AVE**  
**LAS VEGAS NV 89103**  
 Nevada contractor's license number issued by the State Contractor's Board \_\_\_\_\_  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **11869**  
 Signed \_\_\_\_\_  
 By driller performing actual drilling on site or contractor  
 Date **9-26-94**