

Log No. **47254**  
Permit No. \_\_\_\_\_  
Basin. **103**

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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. **27882**

1. OWNER **Raula Smith** ADDRESS AT WELL LOCATION **7210 Iron Mtn Blvd Stagecoach Nev**  
MAILING ADDRESS \_\_\_\_\_  
2. LOCATION **NW 1/4 NW 1/4 Sec. 17 T. 17 N/S R. 23 E. Lyon** County  
PERMIT NO. **15-325-07** Issued by Water Resources Parcel No. **Iron Mtn** 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
Sand Boulders		0	20	20
Small Gravel sand		20	80	60
Big Gravel sand		80	115	35
Clay streak		115	120	5
Course Gravel sand	*	120	140	40

95 JAN 23 7:12:18  
STATE ENGINEERS UNIT

8. WELL CONSTRUCTION  
Depth Drilled **160** Feet Depth Cased **110** Feet  
HOLE DIAMETER (BIT SIZE)  
**9 7/8** Inches From **0** Feet To **160** Feet  
Inches Feet Feet  
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 5/8</b>	<b>13</b>	<b>1 7/8</b>	<b>+1</b>	<b>160</b>

Perforations:  
Type perforation **factory milled**  
Size perforation **3/32**  
From **120** feet to **160** feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
Depth of Seal **55**  Neat Cement  
Placement Method:  Pumped  Poured  Concrete Grout  
Gravel Packed:  Yes  No  
From **55** feet to **160** feet

9. WATER LEVEL  
Static water level **75** feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. **10** P.S.I.  
Water temperature **Cold** °F Quality **Clear**

Date started **Nov 11**, 19**94**  
Date completed **Nov 17**, 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 checked="" type="checkbox"/> Air Lift	<b>10</b>		<b>2</b>

10. DRILLER'S CERTIFICATION  
This well was drilled under my supervision and the report is true to the best of my knowledge.  
Name **Bud Enbe Drilling** Contractor  
Address **Po Box 1345 Dayton** Contractor  
**NV. 89403**  
Nevada contractor's license number issued by the State Contractor's Board **4739A**  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1457**  
Signed **Troy Enbe**  
By driller performing actual drilling on site or contractor  
Date **11/18/94**