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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. **16455**

1. OWNER **LOUISE B. QUILLIN** ADDRESS AT WELL LOCATION **SHASTA & DOLOMITE SANDY VALLEY NV.**  
 MAILING ADDRESS \_\_\_\_\_

2. LOCATION **NW 1/4 NE 1/4 Sec. 22 T. 24 N/S R. 56 E CLARK** County  
 PERMIT NO. **580-160-041**  
 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
SANDY LOAM CLAY		0	6	6
CALICHE		6	33	27
CLAY		33	60	27
CALICHE		60	80	20
CALICHE w/ FRACTURES	W.B	80	105	25
CLAY		105	135	30
CALICHE w/ FRACTURES	W.B	135	150	15
CLAY		150	160	10

8. WELL CONSTRUCTION  
 Depth Drilled **160** Feet Depth Cased **160** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **12 1/4** Inches 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>8 3/8</b>	<b>16.94</b>	<b>.188</b>	<b>0</b>	<b>160</b>

Perforations:  
 Type perforation **FACTORY SAWCUT**  
 Size perforation **8 INCH BY 3 INCH**  
 From **160** feet to **140** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **50**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **160** feet to **50** feet

9. WATER LEVEL  
 Static water level: **99** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **COOL** °F Quality \_\_\_\_\_

Date started **7-24** 19**95**  
 Date completed **7-31** 19**95**

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 **BUDGET DRILLING CO** Contractor  
 Address **P.O. BOX 3505** Contractor  
**PAHRUMP NV. 89041**  
 Nevada contractor's license number **40020**  
 issued by the State Contractor's Board  
 Nevada driller's license number issued by the **1573**  
 Division of Water Resources, the on-site driller  
 Signed **Annice Brown**  
 By driller performing actual drilling on site or contractor  
 Date **7-31-95**

