

Log No. **49288**  
 Permit No. \_\_\_\_\_  
 Basin **163**



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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. **16450**

1. OWNER **EDWARD + ELSIE KOLOJAY** ADDRESS AT WELL LOCATION **QUARTZ + MO HAWK SANDY VALLEY NV.**  
 MAILING ADDRESS \_\_\_\_\_

2. LOCATION **NE 1/4 NW 1/4 NE 1/4 Sec. 6 T 25 N 157 E CLARK** County  
 PERMIT NO. **590-330-096** **219-06-501-021**  
 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		0	30	30
CALICHE		30	35	5
CLAY		35	55	20
CALICHE	W.B.	55	60	5
CLAY		60	65	5
CALICHE	W.B.	65	69	4
CLAY		69	79	10
CALICHE	W.B.	79	98	19
CLAY		98	105	7
CALICHE	W.B.	105	115	10
CLAY		115	120	5

8. WELL CONSTRUCTION  
 Depth Drilled **120** Feet Depth Cased **120** Feet

HOLE DIAMETER (BIT SIZE)  
 From **12 1/4** Inches To **0** Feet **120** 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>120</b>

Perforations:  
 Type perforation **FACTORY SAWCUT**  
 Size perforation **8 INCH BY 3 INCH**  
 From **120** feet to **100** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ 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 **120** feet to **50** feet

9. WATER LEVEL  
 Static water level **50** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **COOL** °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 **BUDGET Drilling Co.**  
 Address **P.O. Box 3505 Primm NV. 89041**  
 Nevada contractor's license number issued by the State Contractor's Board **40020**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1573**  
 Signed **Annie Brown**  
 By driller performing actual drilling on site or contractor  
 Date **6-30-95**

Date started **6-27**, 19 **95**  
 Date completed **6-29**, 19 **95**

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

