



WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. **48413**
Permit No. _____
Basin **163**

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

WELL DRILLER'S REPORT *Boat*
Please complete this form in its entirety in
accordance with NRS 534.170 and NAC 534.340

1. OWNER **TERRA ANN CONNER** ADDRESS AT WELL LOCATION **TRON + SHASTA**
MAILING ADDRESS _____
2. LOCATION **SE 1/4 NE 1/4 SE 1/4 BE 1/4 Sec. 22 T. 24 N/S R. 56 E CLARK** County
PERMIT NO. **580-470-027** Issued by Water Resources Parcel No. _____ Subdivision Name _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CLAY		0	2	2
CALICHE		2	6	4
CLAY		6	15	9
CALICHE		15	20	5
CLAY		20	38	18
CALICHE		38	44	6
CLAY		44	60	16
CALICHE		60	80	20
CLAY		80	93	13
CALICHE	W.B.	93	100	7
CLAY		100	109	9
CALICHE	W.B.	109	128	19
CLAY		128	133	5
CALICHE	W.B.	133	140	7

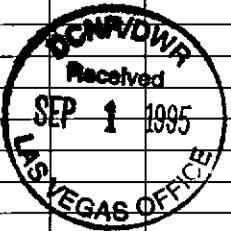
8. WELL CONSTRUCTION
Depth Drilled **140** Feet Depth Cased **140** Feet
HOLE DIAMETER (BIT SIZE)
From **12 1/4** Inches To **0** Feet **190** Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.94	.188	0	140

Perforations:
Type perforation **FACTORY SAW CUT**
Size perforation **1/2 INCH BY 3/4 INCH**
From **140** feet to **120** feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
Depth of Seal **50**
Placement Method: Pumped Poured
Gravel Packed: Yes No
From **140** feet to **50** feet



Date started **8-17** 19**95**
Date completed **8-24** 19**95**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

9. WATER LEVEL
Static water level **81** feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature **000L** °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.** Contractor
Address **P.O. Box 3505 PA Hum** Contractor
NU. 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 **Daniel Brown**
By driller performing actual drilling on site or contractor
Date **8-25-95**