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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. 27036

1. OWNER DOMINGO MACIAS ADDRESS AT WELL LOCATION Starbucke Hight Loop  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION SE 1/4 NW 1/4 Sec. 21 T. 18 N/S R. 28 E. Churchill County  
 PERMIT NO. 6-434-17 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  
 ATF  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brown Sand	✓	0	15	15
Brown Clay		15	18	3
Brown Sand	✓	18	26	8
Gray Silty Clay		26	48	22
Black Silt	✓	48	53	5
Brown Sand	✓	53	64	11

8. WELL CONSTRUCTION  
 Depth Drilled 64 Feet Depth Cased 64 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 Inches To 50 Feet  
6 Inches 50 Feet 64 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 CASING SCHEDULE  

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>129</u>	<u>.188</u>	<u>1</u>	<u>64</u>

 Perforations:  
 Type perforation Machine Slot  
 Size perforation .080  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 57 feet to 62 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  Neat Cement  
 Depth of Seal 50  Cement Grout  
 Placement Method:  Pumped  Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 9. WATER LEVEL  
 Static water level 0' 10" feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started July 30, 1995  
 Date completed July 30, 1995

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
<u>25</u>		<u>1</u>	

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Welsco Contractor  
 Address Box 888 Contractor  
Follow Hwy.  
 Nevada contractor's license number issued by the State Contractor's Board 11752  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 772-T  
 Signed Jesus Maniscurra  
 By driller performing actual drilling on site or contractor  
 Date \_\_\_\_\_