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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. **16197**

1. OWNER **Robert Shelby** ADDRESS AT WELL LOCATION **1640 W. Tawn**  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION **SE 1/4 SW 1/4 Sec. 20 T. 20S N/S R. 33 E** **Uye** County  
 PERMIT NO. **36-581-04** 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	Thickness
Clay		0	2	2
Caliche		2	4	2
Clay		4	14	10
Caliche		14	28	14
Clay		28	38	10
Caliche		38	42	4
Clay		42	53	11
Caliche	WB	53	57	4
Clay		57	66	9
Caliche	WB	66	71	5
Clay		71	80	9
Caliche	WB	80	83	3
Clay		83	91	8
Caliche	WB	91	94	3
Clay		94	100	6
Caliche	WB	100	102	2
Clay		102	113	11
Caliche	WB	113	119	6
Clay		119	136	17
Caliche	WB	136	140	4

8. WELL CONSTRUCTION  
 Depth Drilled **140** Feet Depth Cased **140** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **12 1/4** Inches To **140** 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 1/2</b>	<b>16.94</b>	<b>.188</b>	<b>0</b>	<b>140</b>

Perforations:  
 Type perforation **Factory Saw Cut**  
 Size perforation **8" x 3"**  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From **100** feet to **120** 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 **50** feet to **140** feet

9. WATER LEVEL  
 Static water level **53** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °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 **Great Basin Drilling**  
 Address **HCR 78 Box 80358**  
**Pahrump, NV. 89041**  
 Nevada contractor's license number **30880** issued by the State Contractor's Board  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: **1642**  
 Signed **Thomas Dan**  
 By driller performing actual drilling on site or contractor  
 Date **7/10/95**

Date started **June 23**, 19**95**  
 Date completed **June 27**, 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			

