

OFFICE USE ONLY  
 Log No. **49952**  
 Permit No. \_\_\_\_\_  
 Basin **162**

PRINT OR TYPE ONLY  
 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. **16756**

1. OWNER **Tom Terry Development** ADDRESS AT WELL LOCATION  
 MAILING ADDRESS **3331 W. Adkisson St.**

2. LOCATION **NW 1/4 SE 1/4 Sec. 1 T. 20-S N/S R. 52 E. Nye** County  
 PERMIT NO. **28-421-02** Vegas Acres Unit: **1**  
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
Surface		0	4	4
Brown clay		4	25	21
Green clay		25	36	11
Gray clay		36	47	11
Gray clay & caliche	X	47	62	15
Gray clay		62	86	24
Brown clay	X	86	127	41
Brown clay & caliche		127	140	13

8. WELL CONSTRUCTION  
 Depth Drilled **140** Feet Depth Cased **140** Feet

HOLE DIAMETER (BIT SIZE)  
 From To  
**12** Inches **0** Feet **140** 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 **Torch Cut**  
 Size perforation **1/4" width 8" long**  
 From **100** feet to **140** 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  Concrete Grout  
 Poured

Gravel Packed:  Yes  No  
 From **50** feet to **140** feet

9. WATER LEVEL  
 Static water level: **38** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_



Date started **December 13, 1995**  
 Date completed **December 13, 1995**

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
20	4	1/4

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name **Jim Pike Well Drilling, LLC** Contractor  
 Address **P.O. Box 56** Contractor  
**Pahrump, NV 89041**

Nevada contractor's license number issued by the State Contractor's Board: **17563A**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: **1812**

Signed *Jim Pike*  
 By driller performing actual drilling on site or contractor  
 Date **December 19, 1995**