

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. **15049**

1. OWNER SOLOVZA ADDRESS AT WELL LOCATION 1710 Deerskin
MAILING ADDRESS _____
2. LOCATION SE 1/4 NE 1/4 Sec 35 T. 20 S. N. 53 E. Nye County Nye
PERMIT NO. 42-702-17 Parcel No. _____ Subdivision Name Calvada Valley
Issued by Water Resources _____

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	3	3'
Caliche		3	5	2'
Clay		5	8	3'
Caliche		8	11	3'
Clay		11	27	16'
Caliche		27	30	3'
Clay		30	40	10'
Caliche		40	42	2'
Clay		42	51	9'
Caliche		51	53	2'
Clay		53	68	15'
Caliche	W.B.	68	71	3'
Clay		71	80	9'
Caliche	W.B.	80	82	2'
Clay		82	96	14'
Caliche	W.B.	96	98	2'
Clay		98	107	9'
Caliche	W.B.	107	110	3'
Clay		110	119	9'
Caliche	W.B.	119	121	2'
Clay		121	137	16'
Caliche	W.B.	137	139	2'
Clay		139	140	1'

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

HOLE DIAMETER (BIT SIZE)
From 12 1/4 Inches To 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)
<u>8 5/8</u>	<u>16.94</u>	<u>.188</u>	<u>0</u>	<u>140</u>

Perforations:
Type perforation Factory Sawcut
Size perforation 8" x 3"
From 100 feet to 120 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 50 feet to 140 feet

9. 58 WATER LEVEL
Static water level _____ feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

Date started 2-29 19 94
Date completed 3-2 19 94

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			

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 Contractor
Address P.O. box 4220 Contractor
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 3-18-94

