

OFFICE USE ONLY  
 Log No. **50986**  
 Permit No. \_\_\_\_\_  
 Basin **163**

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. **16479**

1. OWNER **BRIDGETTE UNDERWIGGEN** ADDRESS AT WELL LOCATION **GYPSUM AVE + SIOUX ST. SANDY VALLEY**  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION **NE 1/4 SW 1/4 Sec. 22 T. 24 N/S R 56 E CLARK** County  
 PERMIT NO. **580-170-057**

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
SANDY LOAM		0	4	4
CLAY		4	35	31
CALICHE		35	38	3
CLAY + GRAVEL		38	48	10
CLAY		48	56	8
CALICHE		56	60	4
CLAY		60	75	15
CALICHE	W.B.	75	78	3
CLAY		78	88	10
CALICHE	W.B.	88	94	6
CLAY		94	112	18
CALICHE	W.B.	112	117	5
CLAY		117	129	12
CALICHE	W.B.	129	137	8
CLAY		137	140	3

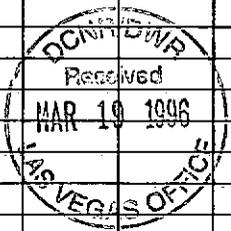
8. WELL CONSTRUCTION  
 Depth Drilled **140** Feet Depth Cased **140** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **12 1/4** Inches To **0** Feet **140** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

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

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  
 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 **140** feet to **50** feet



Date started **3-8** 19**96**  
 Date completed **3-9** 19**96**

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 **61** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **Cool** °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 PARADISE NV. 89041** Contractor  
 Nevada contractor's license number **40020** issued by the State Contractor's Board  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1573**  
 Signed **[Signature]**  
 By driller performing actual drilling on site or contractor  
 Date **3-11-96**