



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. **15066**

1. OWNER **FRANK C. ANEIANULO** ADDRESS AT WELL LOCATION \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ **3394 Tim Drive**

2. LOCATION **SW 1/4 NE 1/4 Sec 25 T 19S** N/S R. **S2 E N2E** County \_\_\_\_\_  
PERMIT NO. \_\_\_\_\_ **28-255-03** **Bell Vista** 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
Clay		0	4	4
Caliche		4	7	3
Clay		7	49	42
Caliche		49	53	4
Clay		53	78	25
Caliche	WB	78	81	3
Clay		81	104	23
Caliche	WB	104	108	4
Clay		108	129	21
Caliche	WB	129	131	2
Clay		131	140	9

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>4 5/8</b>	<b>16.94</b>	<b>1.88</b>	<b>0</b>	<b>140</b>

Perforations:  
Type perforation **Factory Saw cut**  
Size perforation **1 3/8 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. WATER LEVEL  
Static water level **48** feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **3-14**, 19**96**  
Date completed **3-16**, 19**96**

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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 **PO 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 **1642**  
Division of Water Resources, the on-site driller.

Signed **Thomas O...**  
By driller performing actual drilling on site or contractor

Date **3-20-96**

