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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. **15228**

1. OWNER **LAMY PEPLowski** ADDRESS AT WELL LOCATION **OTTAWA + GYPSUM SANDY VALLEY**  
 MAILING ADDRESS \_\_\_\_\_

2. LOCATION **NE 1/4 SW 1/4 NE 1/4 SW 1/4 Sec. 24 T 24 N R 56 E CLARK** County  
 PERMIT NO. **62466** Issued by Water Resources Parcel No. **580-210-049** Subdivision Name \_\_\_\_\_

3. WORK PERFORMED  
 New Well  Replace  Recondition  Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE  
 Domestic  Municipal/Industrial  Irrigation  Monitor  Test  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
ROCK + GRAVEL		0	5	5
CLAY + GRAVEL		5	90	85
CEMENTED ROCK + GRAVEL		90	100	10
CLAY + GRAVEL		100	120	20
ROCK + GRAVEL	W.B.	120	155	35

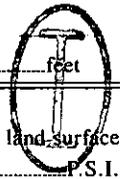
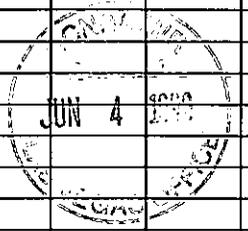
8. WELL CONSTRUCTION  
 Depth Drilled **155** Feet Depth Cased **155** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **12 1/4** Inches To **0** Feet **155** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>8 3/8</b>	<b>16.94</b>	<b>.188</b>	<b>0</b>	<b>155</b>

Perforations:  
 Type perforation **FACTORY SAW CUT**  
 Size perforation **5 INCH BY 3 INCH**  
 From **155** feet to **135** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal **50**  
 Placement Method:  Pumped  Poured  
 Gravel-Packed:  Yes  No  
 From **155** feet to **50** feet



9. WATER LEVEL  
 Static water level **110** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **COOL** °F Quality \_\_\_\_\_

Date started **5-21** 19**96**  
 Date completed **5-28** 19**96**

7. WELL TEST DATA

TEST METHOD:	TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> 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 **BUDGET DRILLING CO.** Contractor  
 Address **P.O. BOX 3505** Contractor  
**PARTRUMP NV 89041**  
 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 **Donnie Brown**  
 By driller performing actual drilling on site or contractor  
 Date **5-29-96**