



WELL DRILLERS REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 0532

PRINT OR TYPE ONLY

1. OWNER LISLE K. LOWE ADDRESS AT WELL LOCATION AMARGOSA VALLEY
 MAILING ADDRESS 4775 E. PATTERSON LAS VEGAS, NV 89104

2. LOCATION NE 1/4 NE 1/4 Sec. 14 T. 16 N. 49 E. NYE County
 PERMIT NO. _____ Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock

5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
LOOSE SAND		0	4	4
SAND & GRAVEL		4	33	29
BOULDERS		33	38	5
SANDY CLAY		38	62	24
GRAY CLAY & GRAVEL		62	140	78
BROWN CLAY & GRAVEL	W	140	195	55
SAND & GRAVEL	W	195	300	105

8. WELL CONSTRUCTION
 Diameter hole 12 inches Total depth 300 feet
 Casing record 300' of 8"
 Weight per foot _____ Thickness 156
 Diameter 8" inches From 1 feet To 300 feet
 _____ inches _____ feet _____ feet
 Surface seal: Yes No Type CEMENT
 Depth of seal 50' feet
 Gravel packed: Yes No
 Gravel packed from 50' feet to 300 feet

Perforations:
 Type perforation Toech
 Size perforation 14" x 12"
 From 180 feet to 300 feet
 From _____ feet to _____ feet

RECEIVED
 SEP 21 1984
 Div. of Water Resources
 Branch Office - Las Vegas, Nev.

Date started 7-6 1984
 Date completed 8-13 1984

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

9. WATER LEVEL
 Static water level 159' feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL ° F. Quality Good

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name DENZIL L. BABCOCK Contractor
 Address 5804 JERRY DR. LAS VEGAS, NV 89108 Contractor
 Nevada contractor's license number 21123
 Nevada contractor's drillers number 1256
 Nevada driller's license number 1349
 Signed (Ben) Denzil L. Babcock Actual Driller
 Date 9-18-84

BAILER TEST
 G.P.M. 30 Draw down 0 feet 2 hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours