

PRINT OR TYPE ONLY  
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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

OFFICE USE ONLY  
 Log No. 51831  
 Permit No. \_\_\_\_\_  
 Basin 212



NOTICE OF INTENT NO. 17452

1. OWNER Buddy's LP ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION NW 1/4 NE 1/4 Sec 17 T. 23 N/S R 61 E CLARK County  
 PERMIT NO. 62490 + 62491 T 400-310-033 Issued by Water Resources Parcel No. 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	Thickness
SANDY CLAY + ROCKS		0	15	15
CMT. GRAVEL		15	60	45
CMT GRAVEL w/		60	120	60
STRKS LIMESTONE				
CMT GRAVEL w/		120	310	90
STRKS SANDSTONE				
CMT. GRAVEL		210	380	170
SANDSTONE	510	380	540	160
LIMESTONE	✓	540	560	20
CMT GRAVEL w/				
STRKS LIMESTONE	✓	560	660	100

8. WELL CONSTRUCTION  
 Depth Drilled 660 Feet Depth Cased 660 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
12 1/4 Inches 0 Feet 80 Feet  
11 Inches 80 Feet 660 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>+1</u>	<u>660</u>

Perforations:  
 Type perforation FACTORY SAW  
 Size perforation 18 X 2 1/2  
 From 580 feet to 640 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 60  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 60 feet to 660 feet

9. WATER LEVEL  
 Static water level 405 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 10-25, 1996  
 Date completed 11-2, 1996

7. WELL TEST DATA

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 WATER WELL SERVICES Contractor  
 Address 6475 GARY AVE Contractor  
LAS VEGAS, NV. 89139  
 Nevada contractor's license number issued by the State Contractor's Board 022311A  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1594  
 Signed Pindell Coyle  
 By driller performing actual drilling on site or contractor  
 Date 11-7-96

