

OFFICE USE ONLY
Log No. 62890
Permit No. 25701
Basin. 219

WELL DRILLERS REPORT

Please complete this form in its entirety

1. OWNER S. E. Abbott ADDRESS General Delivery
Moapa, Nevada

2. LOCATION SE 1/4 SE 1/4 Sec. 14 T 14 N/S R. 65E E Clark County
PERMIT NO. 25700

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
Coarse sand		-0-	11	11
Sandy clay and gravel		11	20	9
Clay		20	120	100
Fine sand	X	120	122	2
Clay and fine sand	X	122	124	2
Brown clay		124	127	3
Brown clay and fine sand	X	127	133	6
Brown clay		133	138	5
Sandy clay		138	139	1
Brown clay		139	192	53
Soft clay w/gravel streaks	X	192	212	20
Brown clay		212	245	33

Well was not produced. Was covered and kept for later development.

RECEIVED
JUN 11 1971

DIV. OF WATER RESOURCES
BRANCH OFFICE
LAS VEGAS, NEVADA

8. WELL CONSTRUCTION

Diameter hole 9 5/8 inches Total depth 245 feet

Casing record

Weight per foot _____ Thickness _____

Diameter	From	To
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

Surface seal: Yes No Type _____
Depth of seal _____ feet
Gravel packed: Yes No
Gravel packed from _____ feet to _____ feet

Perforations:
Type perforation _____
Size perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet

9. WATER LEVEL

Static water level _____ Feet below land surface
Flow _____ G.P.M.
Water temperature _____ ° F. Quality _____

10. DRILLERS CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Chaparral Drilling and Pumps

Address 4161 Canal Street, Las Vegas, Nevada

89109

Nevada contractor's license number #10791

Nevada driller's license number 633

Signed Bobby H. ...

Date May 30, 1971

7. WELL TEST DATA

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

BAILER TEST
G.P.M. _____ Draw down _____ feet _____ hours
G.P.M. _____ Draw down _____ feet _____ hours
G.P.M. _____ Draw down _____ feet _____ hours