

OFFICE USE ONLY
 Log No. 63008
 Permit No. 1102
 Basin I
 NOTICE OF INTENT NO. 32689

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

1. OWNER Imelda Nee ADDRESS AT WELL LOCATION 1715 10th St
 MAILING ADDRESS 22 N. 8942^e
 2. LOCATION SW 1/4 NE 1/4 Sec. 19 T. 17 N/S R. 25 E County Clark
 PERMIT NO. 17-437-05 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 Mod

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Sand</u>		<u>0</u>	<u>6</u>	
<u>Sand Gravel</u>		<u>6</u>	<u>32</u>	
<u>Clay</u>		<u>32</u>	<u>43</u>	
<u>Sand</u>		<u>43</u>	<u>66</u>	
<u>Clay</u>		<u>66</u>	<u>71</u>	
<u>Sand, fine</u>		<u>71</u>	<u>96</u>	
<u>Clay</u>		<u>96</u>	<u>104</u>	
<u>Sand</u>	<u>123</u>	<u>104</u>	<u>123</u>	
<u>Cone Gravel</u>	<u>39</u>	<u>123</u>	<u>139</u>	
<u>Materials</u>				

8. WELL CONSTRUCTION
 Depth Drilled 139 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 3/4 Inches To 139 Feet
 Inches Feet Feet Feet
 Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>	<u>15</u>	<u>2.9</u>	<u>1</u>	<u>139</u>

Perforations:
 Type perforation Tool Cut #
 Size perforation 3/16 x 4 1/2 x 5
 From 130 feet to 136 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 139 feet

9. WATER LEVEL
 Static water level 38 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature C °F Quality Good

Date started 9/9/196, 19____
 Date completed 9/10/196, 19____

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>35-40</u>	<u>2 1/4</u>	<u>MO</u>	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Gene Drill Inc Contractor
 Address PO Box 899 Contractor
22 N. 8942^e
 Nevada contractor's license number issued by the State Contractor's Board 31841
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1876
 Signed James J. [Signature]
 By driller performing actual drilling on site or contractor
 Date 9/11/196

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 STATE ENGINEERS OFFICE