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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. **15485**

1. OWNER **ROBERT + JOYCE SMITH** ADDRESS AT WELL LOCATION **OBSSIDIAN + INCA SANDY VALLEY NV.**  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION **SW 1/4 NW 1/4 Sec. 32 T. 24 N. R. 57 E. CLARK** County  
 PERMIT NO. **580-450-002** 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	Thick-ness
ROCK + GRAVEL		0	38	38
CLAY + GRAVEL		38	138	100
CLAY		138	158	20
GRAVEL	T.C.	158	160	2
CEMENTED GRAVEL		160	180	20
ROCK + GRAVEL	W.B.	180	210	30

8. WELL CONSTRUCTION  
 Depth Drilled **210** Feet Depth Cased **210** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **12 1/4** Inches To **210** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ 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 5/8</b>	<b>16.94</b>	<b>.188</b>	<b>0</b>	<b>210</b>

Perforations:  
 Type perforation **FACTORY SAW CUT**  
 Size perforation **8 INCH BY 3 INCH**  
 From **210** feet to **190** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  Neat Cement  
 Depth of Seal **50**  Cement Grout  
 Placement Method:  Pumped  Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **210** feet to **50** feet

Date started **6-19** 19**97**  
 Date completed **6-20** 19**97**

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

9. WATER LEVEL  
 Static water level **91** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **COOL** °F Quality \_\_\_\_\_

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  
**PRATON NV. 89041**  
 Nevada contractor's license number issued by the State Contractor's Board: **40020**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: **1573**  
 Signed **Dennis Brown**  
 By driller performing actual drilling on site or contractor  
 Date **6-20-97**