

WELL DRILLER'S REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. **6268**

PRINT OR TYPE ONLY

1. OWNER **ARCO AM/PM** ADDRESS AT WELL LOCATION **DECATUR WASHINGTON**

2. LOCATION **N41 1/4 Sec 30 T. 20 N. R. 61 E.** **CLARK** County
 PERMIT NO. **MOBOS** Issued by Water Resources Parcel No. Subdivision Name

3. TYPE OF WORK
 New Well Recondition Other
 Proposed Use: **NEW/RE** Test Stock Other
 5. TYPE WELL: Cable Rotary

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SILTY GRAVEL FILL		0'	3'	3'
SILTY SAND		3'	13'	10'
CLAYEY SILT		13'	17'	4'
CLAYEY GRAVEL		17'	19'	2'
CALICHE		19'	21'	2'
GRAVELLY CLAY		21'	30'	9'

8. WELL CONSTRUCTION
 Diameter: **2** inches Total depth: **30** feet
 Casing record: **15' BLANK, 15' SCREEN**
 Weight per foot: _____ Thickness: _____
 Diameter: _____ From _____ To _____
 inches _____ feet _____ feet
 Surface seal: Yes No Type: **NEAT CEMENT**
 Depth of seal: _____ feet
 Gravel packed: Yes No
 Gravel packed from: **3'** feet to **30'** feet

Perforations: **FACTORY SLOTTED**
 Type perforation: _____
 Size perforation: **15** feet to **30** feet
 From: _____ feet to _____ feet

9. WATER LEVEL
 Static water level: **17.6** feet below land surface
 Flow: _____ G.P.M. P.S.I.
 Water temperature: _____ °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: **DON WILSON** Contractor
 Address: **4670 S PAARS LN, NV 89103** Contractor

7. WELL TEST DATA
 Nevada contractor's license number issued by the State Contractor's Board
 Nevada contractor's driller's number issued by the Division of Water Resources
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: **W1589**
 Signed: _____ By driller performing actual drilling on site or contractor

Div. of Water Resources
 Branch Office - Las Vegas, NV

RECEIVED
 APR 17 1991

Date started: **MARCH 25**, 19**91**
 Date completed: **MARCH 25**, 19**91**

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

8. BALLER TEST
 G.P.M. _____ Draw down: _____ feet _____ hours
 G.P.M. _____ Draw down: _____ feet _____ hours
 G.P.M. _____ Draw down: _____ feet _____ hours