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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. **15669**

1. OWNER **KELLY ANENTEZ** ADDRESS AT WELL LOCATION **EMERALD + POTOMAC SANDY VALLEY NV.**  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION **NW 1/4 NW 1/4 SE 1/4 NW 1/4 Sec. 23 T 24 N 56 E CLARK** County  
 PERMIT NO. **580-80-035** 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 LOAM		0	4	4
CLAY + GRAVEL		4	28	24
CALICHE		28	36	8
CLAY + GRAVEL		36	58	22
ROCK + GRAVEL	W.B	58	61	3
CLAY + GRAVEL		61	93	32
CALICHE	W.B	93	98	5
CLAY		98	118	20
CALICHE	W.B	118	122	4
CLAY		122	146	24
ROCK + GRAVEL	W.B	146	156	10
CLAY + GRAVEL		156	170	14

8. WELL CONSTRUCTION  
 Depth Drilled **170** Feet Depth Cased **170** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **12 1/4** Inches To **170** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 3/8</b>	<b>6.5</b>	<b>.340</b>	<b>0</b>	<b>170</b>

Perforations:  
 Type perforation **SAW CUT**  
 Size perforation **1/2 INCH BY 3/8 INCH**  
 From **170** feet to **150** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal **50**  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From **170** feet to **50** feet

9. WATER LEVEL  
 Static water level **54** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **Cool** °F Quality \_\_\_\_\_

Date started **9-24** 19**97**  
 Date completed **10-1** 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			

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  
**PATRICK 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 **[Signature]**  
 By driller performing actual drilling on site or contractor  
 Date **10-15-97**