

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

OFFICE USE ONLY
 Log No. **68620**
 Permit No. _____
 Basin **163**

NOTICE OF INTENT NO. **15499**

1. OWNER **Peggy ELLENBERG** ADDRESS AT WELL LOCATION **CORDAN & SAUTEE SANDY VALLEY**
 MAILING ADDRESS _____
 2. LOCATION **NW 1/4 NE 1/4 SW 1/4** Sec. **23** T. **24** N. R. **56** E. **CLARK** County
 PERMIT NO. **580-190-045** 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
SANDY SOIL		0	5	5
CLAY		5	32	27
CALICHE		32	37	5
CLAY		37	58	21
CALICHE		58	66	8
CLAY		66	88	22
CALICHE		88	92	4
CLAY		92	102	10
CALICHE	W.O	102	120	18
ROCK + GRAVEL	W.O	120	140	20

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet
 HOLE DIAMETER (BIT SIZE)
 From **12 1/4** Inches To **140** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	5.5	.340	0	140

Perforations:
 Type perforation **SAW CUT**
 Size perforation **8 INCH BY 3 INCH**
 From **140** feet to **120** 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 **140** feet to **50** feet

9. WATER LEVEL
 Static water level **74** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COOL** °F Quality _____

Date started **9-2** 19**97**
 Date completed **9-6** 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
PAHRUMP 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 **1593**
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **9-6-97**