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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. **15492**

1. OWNER **WOLFGANG POETTLER** ADDRESS AT WELL LOCATION **OSAGE + WOOD AVE (SANDY VALLEY NV)**  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION **SE 1/4 SE 1/4 SW 1/4 Sec. 24 T. 24 N. R. 56 E. CLARK** County  
 PERMIT NO. **580-210-063** Issued by Water Resources Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_

3. WORK PERFORMED  New Well  Replace  Recondition  Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE  Domestic  Municipal/Industrial  Irrigation  Monitor  Test  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	30	26
CALICHE		30	33	3
CLAY + GRAVEL		33	88	55
ROCK + GRAVEL		88	98	10
GRAVEL	WB	98	106	8
CLAY + GRAVEL		106	122	16
ROCK + GRAVEL	W.B	122	140	18

8. WELL CONSTRUCTION  
 Depth Drilled **140** Feet Depth Cased **140** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **12 1/4** Inches To **0** Feet **140** 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 5/8</b>	<b>5.5</b>	<b>.340</b>	<b>0</b>	<b>140</b>

Perforations:  
 Type perforation **SAW CUT**  
 Size perforation **1/2 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 **95** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **COOL** °F Quality \_\_\_\_\_

Date started **8-20**, 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  
**PATRUMP 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 **9-6-97**