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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 70307

1. OWNER Kroy Scott 2151 Poin #291 ADDRESS AT WELL LOCATION Lot 18 Block N  
MAILING ADDRESS 8150 NW 89801 LCR # 3 8150 NW 89801

2. LOCATION NE 1/4 NE 1/4 Sec 6 T 34 N/S R 56 E 8150 County  
PERMIT NO. 032-014-618 Parcel No. LCR # 3 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
<u>TOP soil</u>		<u>0</u>	<u>2</u>	<u>2</u>
<u>coliche</u>		<u>2</u>	<u>6</u>	<u>4</u>
<u>sand clay</u>		<u>6</u>	<u>12</u>	<u>6</u>
<u>sand stone</u>		<u>12</u>	<u>43</u>	<u>31</u>
<u>Brown clay</u>		<u>43</u>	<u>62</u>	<u>19</u>
<u>Blue clay</u>		<u>62</u>	<u>430</u>	<u>368</u>
<u>Sand Clay Gravel</u>		<u>430</u>	<u>482</u>	<u>52</u>
<u>clay</u>		<u>482</u>	<u>495</u>	<u>13</u>

8. WELL CONSTRUCTION  
Depth Drilled 495 Feet Depth Cased 495 Feet

HOLE DIAMETER (BIT SIZE)  
From 10 Inches 0 Feet 495 Feet  
Inches Feet Feet  
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>		<u>1.88</u>	<u>0</u>	<u>495</u>

Perforations:  
Type perforation Fee  
Size perforation  
From 430 feet to 450 feet  
From 465 feet to 485 feet  
From feet to feet  
From feet to feet  
From feet to feet

Surface Seal:  Yes  No Seal Type:  
Depth of Seal 50  Neat Cement  
Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
From 50 feet to 495 feet

9. WATER LEVEL  
Static water level 1041 feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started NOV 3 1997  
Date completed NOV 6 1997

7. WELL TEST DATA

TEST METHOD: <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>307</u>	<u>64</u>	<u>2</u>

10. DRILLER'S CERTIFICATION  
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Staco Well Service Contractor  
Address P.O. Box 10 Contractor  
8150 NW 89801

Nevada contractor's license number issued by the State Contractor's Board: 0038164  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 1438

Signed Shan Bennett  
By driller performing actual drilling on site or contractor  
Date NOV - 7 - 97

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27 NOV 14 AM 11:06  
STATE ENGINEER'S OFFICE