

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. **72375**  
 Permit No. **163**  
 Basin. **163**

NOTICE OF INTENT NO. **15689**

1. OWNER **JOE Y. SMAEL RANGEL** ADDRESS AT WELL LOCATION **SHOSHONE ST. + GOLD AV. SANDY VALLEY**  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION **SE 1/4 SE 1/4 NW 1/4 Sec. 22 T. 24 N. R. 56 E. CLARK** County  
 PERMIT NO. **580-160-081-97** 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 LOAM		0	4	4
CLAY		4	34	30
CALICHE		34	39	5
CLAY & GRAVEL		39	62	23
CALICHE		62	72	10
CLAY		72	98	26
CALICHE	W.B.	98	112	14
GRAVEL	W.B.	112	115	3
CALICHE	W.B.	115	132	17
CLAY		132	140	8

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>3.92</b>	<b>.280</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:  
 Depth of Seal **50**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
 From **140** feet to **50** feet

9. WATER LEVEL  
 Static water level **94** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **COOL** °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 **BUDGET DRILLING CO.** Contractor  
 Address **P.O. Box 3505** Contractor  
**LAHUMP 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 **James Brown**  
 By driller performing actual drilling on site or contractor  
 Date **7-31-98**

Date started **7-28**, 19**98**  
 Date completed **7-31**, 19**98**

7. WELL TEST DATA

TEST METHOD:  Bailor  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)