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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. **15692**

1. OWNER **BARBARA ANN SCHWAB** ADDRESS AT WELL LOCATION **PAUTE + LAVA**  
 MAILING ADDRESS \_\_\_\_\_ **SANDY VALLEY NV**  
 2. LOCATION **SW 1/4 NW 1/4 Sec. 25 T. 24 N. R. 56 E** County **CLARK**  
 PERMIT NO. \_\_\_\_\_ Issued by Water Resources **200-25-201-005** 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	5	5
CLAY		5	18	13
CLAY + GRAVEL		18	24	6
CLAY		24	38	14
CALICHE		38	44	6
CLAY		44	58	14
CALICHE		58	62	4
CLAY		62	72	10
CALICHE	W.B	72	78	6
CLAY		78	88	10
CALICHE	W.B	88	91	3
CLAY		91	110	19
CALICHE	W.B	110	115	5
CLAY		115	126	11
CALICHE	W.B	126	133	7
CLAY		133	140	7

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>4.33</b>	<b>.316</b>	<b>0</b>	<b>140</b>

Perforations:  
 Type perforation **SAW CUT**  
 Size perforation **8 INCH BY 6 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  Concrete Grout  
 Poured

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

9. WATER LEVEL  
 Static water level **68** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. P.S.H.  
 Water temperature **COOL** °F Quality \_\_\_\_\_

Date started **9-10**, 19**98**  
 Date completed **9-16**, 19**98**

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  
**SAHRAMP 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 **9-17-98**