

Log No. **72587**
 Permit No. _____
 Basin **163**

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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. **16058**

1. OWNER **ELIZABETH REESE** ADDRESS AT WELL LOCATION **PIMA + MOONSTONE SANDY VALLEY NV, CLARK**
 MAILING ADDRESS _____
 2. LOCATION **SW 1/4 NW 1/4 SE 1/4 Sec 26 T. 24 N. R. 56 E.** County **CLARK**
 PERMIT NO. **580-240-023** 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	Thickness
SANDY LOAM		0	6	6
CLAY		6	22	16
CALICHE		22	27	5
CLAY		27	40	13
CALICHE		40	43	3
CLAY		43	58	15
CALICHE	TR	58	62	4
CLAY		62	72	10
CALICHE	W.B	72	78	6
CLAY		78	91	13
CALICHE	W.B	91	96	5
CLAY		96	110	14
CALICHE	W.B	110	115	5
CLAY		115	128	13
CALICHE	W.B	128	137	9
CLAY		137	140	3

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
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 3/8	4.33	.316	0	140

Perforations:
 Type perforation **SAW CUT**
 Size perforation **2 INCH BY 6 INCH**
 From **140** feet to **120** 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 Concrete Grout
 Poured
 Gravel Packed: Yes No
 From **140** feet to **50** feet

9. WATER LEVEL
 Static water level **55** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COOL** °F Quality _____

Date started **9-17**, 19**98**
 Date completed **9-22**, 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 Pahrump NV 89041** Contractor
 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 **1523**
 Signed **Donnie Brown**
 By driller performing actual drilling on site or contractor
 Date **9-29-98**