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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 29338

1. OWNER James W. Peck ADDRESS AT WELL LOCATION 7345 Citrusist  
MAILING ADDRESS Box 7 SILVER SPINGS, NV.  
SS. NV 89429  
2. LOCATION SE 1/4 NW 1/4 Sec. 13 T. 17 N/S R. 21 E. 1st County \_\_\_\_\_  
PERMIT NO. 17-233-06 Parcel No. Plot 2 Subdivision Name \_\_\_\_\_  
Issued by Water Resources \_\_\_\_\_

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 None

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Gravel</u>		<u>0</u>	<u>63</u>	
<u>Gravelly Sand</u>		<u>63</u>	<u>120</u>	
<u>Play Sand</u>		<u>120</u>	<u>208</u>	
<u>Bedrock</u>		<u>208</u>	<u>360</u>	
<u>Fracture</u>				

8. WELL CONSTRUCTION  
Depth Drilled 360 Feet Depth Cased 360 Feet

HOLE DIAMETER (BIT SIZE)

From (Inches)	To (Inches)	From (Feet)	To (Feet)
<u>10 3/8</u>	<u>1</u>	<u>120</u>	<u>1</u>
<u>8 3/4</u>	<u>120</u>	<u>208</u>	<u>208</u>
<u>5 1/2</u>	<u>208</u>	<u>360</u>	<u>360</u>

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 5/8</u>	<u>13</u>	<u>1.88</u>	<u>1</u>	<u>208</u>
<u>5</u>	<u>10</u>	<u>1.88</u>	<u>208</u>	<u>360</u>

Perforations:  
Type perforation Turn out  
Size perforation 3 1/2 x 20  
From 208 feet to 360 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  Poured  Cement Grout  Concrete Grout  
Gravel Packed:  Yes  No  
From 50 feet to 360 feet

9. WATER LEVEL  
Static water level 189 feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature 60 °F Quality Good

Date started 11 19 97  
Date completed 11 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 checked="" type="checkbox"/> Air Lift	<u>25</u>		<u>3h</u>

10. DRILLER'S CERTIFICATION  
This well was drilled under my supervision and the report is true to the best of my knowledge.  
Name James Drill Inc Contractor  
Address PO Box 588 Contractor  
SS. NV 89429  
Nevada contractor's license number issued by the State Contractor's Board 0031841  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1876  
Signed James Drill Inc  
By driller performing actual drilling on site or contractor  
Date \_\_\_\_\_