

PRINT OR TYPE ONLY
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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. **19266**

1. OWNER **John + Peggy ELLEN Burg** ADDRESS AT WELL LOCATION **SANTEE + LAVA**
 MAILING ADDRESS _____
 2. LOCATION **NE 1/4 SW 1/4 Sec 26 T 24 N R 56 E SANDY VALLEY CLARK** County
 PERMIT NO. **200-26-201-005** 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
CLAY		0	3	3
CALICHE		3	6	3
CLAY		6	15	9
CALICHE		15	20	5
CLAY		20	44	24
CALICHE		44	48	4
CLAY		48	60	12
CALICHE		60	68	8
CLAY		68	79	11
CALICHE	W.B	79	83	4
CLAY		83	96	13
CALICHE	W.B	96	102	6
CLAY		102	128	26
CALICHE	W.B	128	136	7
CLAY		136	140	4

8. WELL CONSTRUCTION
 Depth Drilled **140** Feet Depth Cased **140** Feet
 HOLE DIAMETER (BIT SIZE)
 From **12 1/4** Inches To **0** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ 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 **FACTORY SCREEN**
 Size perforation **8 INCH BY 3 INCH**
 From **120** feet to **100** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50 FT.** 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 **65** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature **COOL** °F Quality _____

Date started **6-21** 19**99**
 Date completed **6-28** 19**99**

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
PAHUMP 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 **Amir Brun**
 By driller performing actual drilling on site or contractor
 Date **7-16-99**

