

OFFICE USE ONLY
 Log No. 78658
 Permit No. _____
 Basin 211

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

NOTICE OF INTENT NO. 42944 new 177554 cid

1. OWNER DELLIS AFB ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 SW 23 T. 15 N. R. 57 E County _____
 PERMIT NO. 021-00-001-001 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
med-LARGE Rock		0	260'	260'
Black Rock-clay		260'	320'	60'
Black Rock-crystal		320'	346'	26'
Black & Gray Rock		346'	410'	64'
Gray Rock		410'	560'	150'
Crystal, sandstone, clay, limestone		560'	645'	85'
Gray Rock		645'	740'	95'
Sandstone, brown rock		740'	780'	40'
Greenish limestone, sandstone		780'	840'	60'
Gray Rock		840'	930'	90'

8. WELL CONSTRUCTION
 Depth Drilled 930' Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 1/4" Inches To 0 Feet 930' Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 345' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 9 March, 1999
 Date completed 6 April, 1999

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name _____ Contractor
 Address _____ Contractor
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller FP2128
 Signed Pat DeW
 By driller performing actual drilling on site or contractor
 Date 2 Feb 00

