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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. N/A

1. OWNER Bureau of Reclamation ADDRESS AT WELL LOCATION Eye Patch Dam
 MAILING ADDRESS 2825 Eye Patch Dam
Eye Patch, NV OTBA-230-R33-18
 2. LOCATION SW 1/4 NE 1/4 Sec. 30 T. 30 N. R. 13 E. Pershing County
 PERMIT NO. _____ Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE Becket
 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
1	12" well was approx 40' deep				
	French pipe installed to 40'				
	Next cement pump in until flooded to surface				

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 Inches To 60 Feet
 _____ Inches _____ Feet
 _____ Inches _____ 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
 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 _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Jensen Drilling Co
 Address 1775 Henderson Ave
Cugene, NV 89403
 Nevada contractor's license number 41287
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the 2006
 Division of Water Resources, the on-site driller.
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 2-19-96

Date started 10-7 1995
 Date completed 2-6 1996

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)

