

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 101500 152
 Permit No. _____
 Basin _____

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **54794**

1. OWNER U.S.D.O.E. NV Ops office **MV-3** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____

Page 2 of 3

2. LOCATION 1/4 1/4 Sec T N R E County _____
 PERMIT NO. _____

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
Construction Notes:				
Annulus of 30" Cemented		0	95	
Annulus of 20" Cemented		0	760	
Gravel pack		760	1000	
Pezo #1				
Cement		0	760	
Gravel pack		760	1000	
Cement		1000	1050	
Annulus of 13 3/8 Steel ring between 13 3/8 and 20" at surface		2165	2515	
Pezo #2				
Cement		0	3062	
Gravel		3062	3430	
Cement		3430	3647	
Pezo #3				
Annulus described in pezo #2 plus gravel		3647	4220	

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From 12 1/4 Inches To 2530 Feet 4220 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
1: 2.375	5.02	.218	+1	880
1: 2.375	5.02	.218	940	960
2: 2.375	5.02	.218	+1	3300

Perforations:
 Type perforation Slot
 Size perforation .080
 From 1: 880 feet to 940 feet
 From 2: 3300 feet to 3420 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: _____
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 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 _____

Date started _____, 20____
 Date completed _____, 20____

7. WELL TEST DATE

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 _____
 Signed _____
 By driller performing actual drilling on site or contractor
 Date _____

