

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

OFFICE USE ONLY
Log No. 117220
Permit No. _____
Basin 162

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 36239

1. OWNER JOSE VALDEZ ADDRESS AT WELL LOCATION 7900 S SQUALL VALLEY
MAILING ADDRESS 1024 CANOSA AVE
LAS VEGAS NV 89104 Subdivision Name: _____ County: NYE

2. LOCATION SE 1/4 SW 1/4 Sec 19 T 21S N/S R 54 E Latitude N36°06'15.1" UTM E NAD 27
PERMIT/WAIVER No. 45-242-60 Longitude W115°56'58.1" N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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
CLAY		0	15	15
CALICHIE		15	21	6
CLAY		21	75	54
CALICHIE	WB	75	86	11
CLAY		86	100	14
CALICHIE	WB	100	115	15
CLAY		115	140	25
CALICHIE	WB	140	148	8
CLAY		148	165	17
CALICHIE	WB	165	185	20
CLAY		185	200	15

9. WELL CONSTRUCTION
Depth Drilled 200 Feet Depth Cased 200 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 200
Inches Feet
Inches Feet
Inches Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6	3.63	.280	0	200

Perforations:
Type of perforation SCREEN
Size of perforation .032
From 180 feet to 240 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 0 to 50 Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 50 to 200 Pumped Poured
Type: _____
Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

Date started: 13-Feb , 20 13
Date completed: 13-Feb , 20 13

7. Water Level
Static water level: 76 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. 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 GREAT BASIN DRILLING Contractor
Address 1220 MANSE RD Contractor
PAHRUMP NV 89048
Nevada contractor's license number _____
issued by the State Contractor's Board 47333
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2485
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 2/26/2013