

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

OFFICE USE ONLY
Log No. 125695
Permit No. _____
Basin _____

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. 3736

1. OWNER Autlan Family Trst Magana - Godinez Tobias TRS
MAILING ADDRESS 2608 Brady Ave
Las Vegas NV 89101-1519

ADDRESS AT WELL LOCATION 1755 Castleberry Ln
Subdivision Name: _____ County: Clark

2. LOCATION SW ¼ SE ¼ Sec 21 T 20S N/S R 62 E
PERMIT/WAIVER No. 140-21-810-024
Parcel No. _____

Latitude N36°11'30.6" UTM E NAD 27
Longitude W115°03'05.7" N NAD 83/WGS 84

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
SAND & CLAY	WB	0	40	-40
SANDY CLAY & GRAVEL	WB	40	80	-40
CALICHIE	WB	80	105	-25
CLAY & GRAVEL	WB	105	135	-30
CALIHIE	WB	135	165	-30
CLAY & CALICHIE	WB	165	190	-25
CALICHIE	WB	190	200	-10

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
200		200	

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
9-7/8	0	200	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	2.794	.248	0	-200
6	12.84	.188	-2.5	-5

JCNR/DWR/SNBO
RECEIVED
JUL 21 2016

Perforations: SCREEN
Type of perforation _____
Size of perforation .032

From <u>140</u>	feet to	<u>200</u>	feet
From _____	feet to	_____	feet
From _____	feet to	_____	feet
From _____	feet to	_____	feet
From _____	feet to	_____	feet

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>0</u> to <u>53</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No -53 to 200 Pumped Poured

Type: _____

Bentonite Chips: Yes No _____ to _____ Pumped Poured

Type: _____

Date started: 11-Jul, 20 16
Date completed: 13-Jul, 20 16

7. Water Level
Static water level: 25 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. 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 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 2513
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 7/19/2016