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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 INVENT NO. 16509

1. OWNER JACK OAKS ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 31 Pinion dr  
Wellington NV 89440  
 2. LOCATION NW 1/4 SW 1/4 Sec. 10 T. 11 N/S R. 23 E Lyon County  
 PERMIT NO. 09-052-10 VALLI VIEW ESTATES Subdivision Name  
 Issued by Water Resources Parcel No. \_\_\_\_\_

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	Thickness
DC		0	20	
DC		20	40	
Bin clay & DC		40	60	
Bin clay - DC		60	80	
DC		80	100	
DC		100	120	
DC - Boulders		120	140	
Bin clay - DC		140	160	
Bin clay - DC		160	180	
Bin clay - DC		180	200	
DC		200	220	
DC - Gravel	✓	220	240	
DC - Gravel	✓	240	260	
DC - Gravel	✓	260		

'92 MAY 20 AM 11:14  
STATE ENGINEER

8. WELL CONSTRUCTION  
 Depth Drilled 260 Feet Depth Cased 260 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 0 To 260 Feet  
12 1/4 Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 CASING SCHEDULE  

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8"1		188	0	260

 Perforations:  
 Type perforation FACTORY Slot  
 Size perforation 3/32 x 3  
 From 220 feet to 260 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 50'  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From 50 feet to 260 feet

9. WATER LEVEL  
 Static water level 187 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature Cold °F Quality Good

Date started 5-1-92, 19\_\_\_\_  
 Date completed 5-4-92, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift		
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>12+</u>	<u>N/A</u>	<u>6</u>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Ed Miller Contractor  
 Address Box 92 Smith NV 89430 Contractor  
 Nevada contractor's license number issued by the State Contractor's Board 32166  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 718T  
 Signed Ed Miller  
 By driller performing actual drilling on site or contractor  
 Date 5-4-92