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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. 24018

1. OWNER V. Tugles ADDRESS AT WELL LOCATION 1475 Potpourri  
 MAILING ADDRESS 1501 Potpourri  
 2. LOCATION SE 1/4 NW 1/4 Sec 02 T 19 N/S R 28 E Churchill County  
 PERMIT NO. \_\_\_\_\_ 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
Sand		0	16	16
Clay		16	32	16
Silt	-	14	32	18
Clay		32	36	4
Sand	X	36	42	6

AUG -6 AID:29  
 STATE ENGINEERS OFF.

8. WELL CONSTRUCTION  
 Depth Drilled 42 Feet Depth Cased 42 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 Inches 6 Feet To 25 Feet  
6 Inches 25 Feet 42 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 CASING SCHEDULE  

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>	<u>12.9</u>	<u>.188</u>	<u>7</u>	<u>42</u>

 Perforations:  
 Type perforation Machine slot  
 Size perforation .060  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From 35 feet to 40 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  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Date started 7-3-93, 19\_\_\_\_  
 Date completed 7-3-93, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>20</u>		<u>1</u>

9. WATER LEVEL  
 Static water level 8-9 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 Wesley Contractor  
 Address Box 888 Fallon Contractor  
 Nevada contractor's license number issued by the State Contractor's Board 11752  
 Nevada driller's license number issued by the Division of Water Resources the on-site driller 172  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date \_\_\_\_\_