

WELL DRILLER'S REPORT

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

Log No. 44320  
 Permit No. \_\_\_\_\_  
 Basin \_\_\_\_\_  
 NOTICE OF INTENT NO. 128088

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

1. OWNER Butler ADDRESS AT WELL LOCATION Lot 1 Mariposa Ave  
 MAILING ADDRESS \_\_\_\_\_  
 2. LOCATION NE 1/4 SE 34 T 20S N/S R 53 E NYL County \_\_\_\_\_  
 PERMIT NO. 40-694-22 CALANDA UNIT 4  
 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
Clay		0	4	4
Caliche		4	7	3
Clay		7	24	17
Caliche		24	29	5
Clay		29	54	25
Caliche		54	57	3
Clay		57	68	11
caliche	wB	68	73	5
Clay		73	108	35
Caliche	wB	108	112	4
Clay		112	121	9
caliche	wB	121	123	2
Clay		123	129	6
Caliche	wB	129	132	3
Clay		132	140	8

8. WELL CONSTRUCTION  
 Depth Drilled 140 Feet Depth Cased 140 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 7 1/4 Inches To 0 Feet 140 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 3/4</u>	<u>16.94</u>	<u>.188</u>	<u>0</u>	<u>140</u>

Perforations:  
 Type perforation Factory Shunt  
 Size perforation 1/8 v. 3  
 From 100 feet to 120 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal 50  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 50 feet to 140 feet

9. WATER LEVEL  
 Static water level 54 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 3-22 1994  
 Date completed 3-25 1994

7. 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 HCR 78 Box 80358  
Pahrump NV 89041  
 Nevada contractor's license number issued by the State Contractor's Board 30880  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1642  
 Signed Thomas Dan  
 By driller performing actual drilling on site or contractor  
 Date 3-28-94

RECEIVED  
 APR 27 1994  
 Div. of Water Resources  
 Branch Office - Las Vegas, NV

