WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLERS REPORT

Please complete this form in its entirety

54053 In Book

OFFICE USE ONLY
Log No. 54053
Permit No.
Basin 212

1. OWNER Larry MonToya ADDRESS 7226 ENTERPRISE 89117

2. LOCATION ~~SW~~ NW ¼ NW ¼ Sec. 5 T. 20 S N/S R. 61 E. Clark County
PERMIT NO.

3. TYPE OF WORK
New Well ☑ Recondition ☐
Deepen ☐ Other ☐

4. PROPOSED USE
Domestic ☑ Irrigation ☐ Test ☐
Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL
Cable ☐ Rotary ☑
Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sand		0	4	4
Caliche	126	4	62	58
Clay + Gravel	176	62	300	238

RECEIVED
AUG 17 1981
Div. of Water Resources
Branch Office — Las Vegas, Nev.

Date started 7-6, 19 81
Date completed 7-7, 19 81

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST
G.P.M. ..... Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours
G.P.M. ..... Draw down ..... feet ..... hours

8. WELL CONSTRUCTION
Diameter hole 12 ¼ inches, Total depth 300 feet
Casing record 8 5/8
Weight per foot ..... Thickness 188

Diameter	From	To
8 5/8 inches	300 feet	0 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☑ No ☐ Type Cement
Depth of seal 50 feet
Gravel packed: Yes ☑ No ☐
Gravel packed from 50 feet to 300 feet

Perforations:
Type perforation Fractor
Size perforation 1"
From 260 feet to 300 feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet
From ..... feet to ..... feet

9. WATER LEVEL
Static water level 136 Feet below land surface
Flow ..... G.P.M. 40
Water temperature Cold °F. Quality good

10. DRILLERS CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Vegas Drilling Co
Address 5333 Jay AVE 89106
Nevada contractor's license number 015972
Nevada driller's license number 944
Signed Bruce Robinson
Date 8-13-81

USE ADDITIONAL SHEETS IF NECESSARY

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