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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. **15672**

1. OWNER **SERGIO & SUZANNE DELAROSA** ADDRESS AT WELL LOCATION **PARBLE & PAWNEE SANDY VALLEY NV.**  
 MAILING ADDRESS \_\_\_\_\_

2. LOCATION **N 1/4 NE 1/4 SE 1/4 Sec 26 T 24 N R 56 E CLARK** County  
 PERMIT NO. **580-240-088** 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
SANDY LOAM		0	2	2
CALICHE		2	4	2
CLAY		4	28	24
CALICHE		28	38	10
CLAY		38	56	18
CALICHE		56	61	5
CLAY		61	74	13
CALICHE	W.B	74	80	6
CLAY		80	91	11
CALICHE	W.B	91	103	12
CLAY		103	118	15
CALICHE	W.B	118	126	8
CLAY		126	134	8
CALICHE	W.B	134	138	4
CLAY		138	140	2

8. WELL CONSTRUCTION  
 Depth Drilled **140** Feet Depth Cased **140** Feet

HOLE DIAMETER (BIT SIZE)  
 From \_\_\_\_\_ To \_\_\_\_\_  
**12 1/4** Inches **0** Feet **140** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6 3/8</b>	<b>5.5</b>	<b>.340</b>	<b>0</b>	<b>140</b>

Perforations:  
 Type perforation **SAW CUT**  
 Size perforation **8 INCH BY 3 INCH**

From **140** feet to **120** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **50**  Neat Cement  
 Placement Method:  Pumped  Poured  Cement Grout  Concrete Grout

Gravel Packed:  Yes  No  
 From **140** feet to **50** feet

9. WATER LEVEL  
 Static water level **63** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature **COOL** °F Quality \_\_\_\_\_

Date started **11-20**, 19**97**  
 Date completed **12-3**, 19**97**

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  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 **BUDGET DRILLING Co.** Contractor  
 Address **P.O. Box 3505** Contractor  
**PARTRUMP NV. 89041**

Nevada contractor's license number issued by the State Contractor's Board: **40020**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: **1573**

Signed **Ami Brown**  
 By driller performing actual drilling on site or contractor  
 Date **12-3-97**