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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. **18793**

1. OWNER **Phillip & Belisse Woodworth** ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ **3681 S. Nevada Ave.**

2. LOCATION **NE 1/4 SE 1/4 Sec. 35 T. 20-S N/S R. 53 E. NYE** County \_\_\_\_\_  
 PERMIT NO. **41-112-06** CALVADA VALLEY, UNIT 3, BLK 37, LOT 17  
 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
SURFACE		0	4	4
BROWN CLAY		4	10	6
BROWN CLAY/CALICHE		10	41	31
BROWN CLAY	X	41	68	27
BROWN CLAY/CALICHE		68	102	34
BROWN CLAY		102	115	13
BROWN CLAY/CALICHE	X	115	140	25

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

HOLE DIAMETER (BIT SIZE)  
 From **0** To **140**  
**12** 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)
<b>8 5/8</b>	<b>16.94</b>	<b>.188</b>	<b>0</b>	<b>140</b>

Perforations:  
 Type perforation **TORCH CUT**  
 Size perforation **1" WIDTH 8" LONG**  
 From **100** feet to **140** 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 **140** feet

9. WATER LEVEL  
 Static water level **50** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **AUGUST 24** 19 **99**  
 Date completed **AUGUST 24** 19 **99**

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<b>20</b>	<b>4</b>	<b>1/4</b>

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

Name **JIM PIKE WELL DRILLING, LLC.** Contractor  
 Address **P. O. BOX 56** Contractor  
**PAHRUMP, NV 89041**

Nevada contractor's license number issued by the State Contractor's Board **17563A**  
 Nevada driller's license number issued by the Division of Water Resources on-site driller **1812**

Signed **AUGUST 27, 1999**  
 By driller performing actual drilling on site or contractor

Date \_\_\_\_\_

