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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. **30079**

1. OWNER **Vegas Valley Inv LLC** ADDRESS AT WELL LOCATION **11310 Blue Diamond Rd**  
 MAILING ADDRESS \_\_\_\_\_

2. LOCATION **SW 1/4 NE 1/4 Sec. 18 T. 22 S N/S R. 61 E CLARK** County  
 PERMIT NO. **177-18-601-008** Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_  
 Issued by Water Resources \_\_\_\_\_

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
Depth of well 280 ft.				
Die 8 5/8"				
Pull out part of deteriorated well casing				
Pull pump				
Re-perforated from 250 up to 50 ft				
Cement bottoming 27 back to surface				
original log # 57063				
DCNR/DWR RECEIVED				
JUL 24 2006				
LAS VEGAS OFFICE				

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	Feet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:  
 Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ 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  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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

Date started **06-28-06**, 20  
 Date completed **06-30-06**, 20

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 **Vernon H. Demick** Contractor  
 Address **5360 N. Bonita Vista** Contractor  
**LV New 89149**  
 Nevada contractor's license number issued by the State Contractor's Board **10062**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **550**  
 Signed **VH Demick**  
 By driller performing actual drilling on site or contractor  
 Date **07-23-06**