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 PRINT OR TYPE ONLY  
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5wells

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. 28877

1. OWNER ERIC ROGHL ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 145 S. STATE COLLEGE BLVD 2237 W. CHARLSTON  
BREA CA LAS VEGAS NV  
 2. LOCATION NW 1/4 NW 1/4 Sec. 04 T. 21 N/S R. 61 E CLARK County  
 PERMIT NO. 162-04-101-001  
 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	Thickness
<u>REMOVED WELL BORDS</u>				
<u>REMOVED CASING</u>				
<u>FILLED FROM BOTTOM TO TOP W/ BENTONITE CHIPS</u>				
<u>CEMENT SEAL ON TOP</u>				
<u>MAP DATUM</u>				
<u>W 65 8.4</u>				
<u>36° 09.505 N</u>				
<u>115° 10.337 W</u>				
<u>36° 09.507 N</u>				
<u>115° 10.333 W</u>				
<u>36° 09.509 N</u>				
<u>115° 10.332 W</u>				
<u>36° 09.517 N</u>				
<u>115° 10.347 W</u>				
<u>36° 09.509 N</u>				
<u>115° 10.352 W</u>				

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

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout

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 9/28, 2006  
 Date completed 9/28, 2006

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 ETABLE DRILLING SERVICES LLC Contractor  
 Address 7150 PLAIN ST. Contractor  
LAS VEGAS NV. 89119

Nevada contractor's license number issued by the State Contractor's Board 57266  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2272

Signed M. A. J. [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 9/28/06