

COPIES TO  
 - DIVISION OF WATER RESOURCES  
 - CLIENT'S COPY  
 - WELL DRILLER'S COPY

STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

OFFICE USE ONLY  
 Log No. 101718  
 Permit No. \_\_\_\_\_  
 Basin 212

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 30344

1. OWNER CUNNINGHAM RANDALL & FELICITY ADDRESS AT WELL LOCATION 285 E. WINDMILL LN.  
 MAILING ADDRESS 380 E ROBINDALE RD LAS VEGAS, NV 89123  
LAS VEGAS, NV 89123

2. LOCATION NW 1/4 NE 1/4 Sec 16 T 22 S R 61 E CLARK County

PERMIT NO. 177-16-501-002  
 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
Plug 1 domestic well				
Depth 248'				
casing 8 5/8"				
Static water level @ 120'				
Perforate from bottom to 50'				
Trimmie 8 yards of W171 slurry to top of well.				
<i>Plugging of Log 59185</i>				
<b>DCNR/DWR RECEIVED</b>				
NOV 16 2006				
<b>LAS VEGAS OFFICE</b>				

8. WELL CONSTRUCTION

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

HOLE DIAMETER (BIT SIZE)

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

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
From _____	feet to _____	feet

Surface Seal:  Yes  No Seal Type: \_\_\_\_\_

Depth of Seal \_\_\_\_\_  Neat Cement

Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

7. WELL TEST DATE

TEST METHOD:  Bailer  Pump  Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date started 11/8, 20 06  
 Date completed 11/9, 20 06

9. WATER LEVEL

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

10. DRILLER'S CERTIFICATION

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

Name ALLEN DRILLING INC.  
 (CONTRACTOR)

Address 4015 WEST TOMPKINS AVE.  
 (CONTRACTOR)  
LAS VEGAS, NV 89103

Nevada contractor's license number issued by the State Contractor's Board 18916 & 18917

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1301

Signed Arred B. Allen  
 By driller performing actual drilling on site or contractor

Date 11/14/06