

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. **33919**
 ADDRESS AT WELL LOCATION **1420 W. BONANZA RD.**
LAS VEGAS NV. 89106-3505

1. OWNER **LUCKY CHAMP FUEL** ADDRESS AT WELL LOCATION **1420 W. BONANZA RD.**
 MAILING ADDRESS **1420 W. BONANZA RD.** **LAS VEGAS NV. 89106-3505**
 2. LOCATION **NW 1/4 SE 1/4 Sec 28 T. 20 N. R. 61 W. CLARK** County
 PERMIT NO. **8-000253** Issued by Water Resources Parcel No. **13928703008** 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
OPEN				
PULLED CASING				
TRE MIE CEMENT GROUT				
FROM BOTTOM TO TOP				
FACILITY ID NUMBER				
8-000253				
MAP DATUM				
WGS 84				
36° 10.632 N.				
115° 09.613 W.				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

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

CASING SCHEDULE

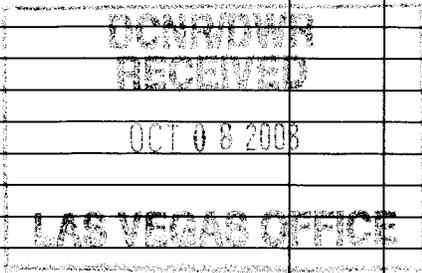
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

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

Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet



Date started **10-1**, 20**08**
 Date completed **10-1**, 20**08**

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

9. WATER LEVEL
 Static water level **23.5** 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 **EAGLE DRILLING** Contractor
 Address **7150 PLACIO ST.** Contractor
LAS VEGAS NV. 89119
 Nevada contractor's license number issued by the State Contractor's Board **51266**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2357**
 Signed **Melvin Wilkerson**
 By driller performing actual drilling on site or contractor
 Date **10-6-2008**