WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 106753
Permit No.
Basin 212

NOTICE OF INTENT NO. 33919

1. OWNER LUCKY CHAMP FUEL
MAILING ADDRESS 1420 W. BONANZA RD. LAS VEGAS NV. 89106-3505
ADDRESS AT WELL LOCATION 1420 W. BONANZA RD. LAS VEGAS NV. 89106-3505

2. LOCATION NW ¼ SE ¼ Sec 28 T 20 N/S R 61 E CLARK County
PERMIT NO. 8-000253 Issued by Water Resources
139128703008 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 MW 3	Water Strata	From	To	Thickness
REMOVED WELL BOX				
PULLED CASSING				
TREMIE CEMENT GROUT				
FROM BOTTOM TO TOP				
FACILITY ID NUMBER				
8-000253				
MAP DATUM				
WGS 84				
36° 10.633 N.				
115° 09.617 W				

DCNR/DWR RECEIVED OCT 08 2008 LAS VEGAS OFFICE

Date started 10-1, 2008
Date completed 10-1, 2008

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

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

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
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☒ Yes ☐ No
Depth of Seal 0'
Placement Method: ☒ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☒ Cement Grout ☐ Concrete Grout

Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level 22 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 PLACID ST. LAS VEGAS NV. 89119 (Contractor)
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 [signature] (By driller performing actual drilling on site or contractor)
Date 10-6-2008

(Rev. 12-01)

USE ADDITIONAL SHEETS IF NECESSARY

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