

DIVISION OF WATER RESOURCES

OFFICE USE ONLY

Log No. 109721
 Permit No. _____
 Basin 212

0098031

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. 33523

1. OWNER LAS VEGAS COMMUNITY CENTER (AMERICAN) ADDRESS AT WELL LOCATION 5795 PARADISE RD
 MAILING ADDRESS PO Box 16487 WASHINGTON DC 20041-6487 PARADISE NV
 2. LOCATION NW 1/4 SW 1/4 Sec 27 T. 21 N. R. 61 E. CLACK County
 PERMIT NO. 162-57-301-008 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Municipal/Industrial Irrigation Monitor Test Stock
 5. WELL TYPE
 Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
4"X34' WATER @ 24'				
REMOVED WELL BORE, PULLED CASING TRIMMED NEAT CEMENT FROM BOTTOM TO TOP MWD DATUM W6584 FOR ALL WELLS 36°05'498N 115°09.034W				
4"X34' WATER @ 23'				
ATTEMPTED TO PULL CASING TRIMMED NEAT CEMENT FROM BOTTOM TO TOP 36°05'472N 115°09.034W				
4"X34' WATER @ 23'				
ATTEMPTED TO PULL CASING TRIMMED NEAT CEMENT FROM BOTTOM TO TOP 36°05'476N 115°09.039W				
4"X34' WATER @ 24'				
ATTEMPTED TO PULL CASING TRIMMED NEAT CEMENT FROM BOTTOM TO TOP 36°05'487N 115°09.048W				
FACILITY 10# H-006.117				

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 5/21, 2008
 Date completed 5/21, 2008

7. WELL TEST DATA

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

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 EAGLE DRILLING SERVICES LLC Contractor
 Address 7150 PARADISE 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 M-2272

Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 5/21/08