

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 110728
Permit No. _____
Basin _____

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 63985

1. OWNER Pena Maria Pena ADDRESS AT WELL LOCATION 1550 N Zaneado Dr
MAILING ADDRESS 491 Mountain Vista Dr Las Vegas NV 89110 CAS Nevada NV
Subdivision Name: Twin Lakes Village County: Clark

2. LOCATION N 1/4 NW 1/4 Sec 29 T 20 N R 61 E Latitude 36° 11' 15" UTM E NAD 27
PERMIT/WAIVER No. 9-0000-31 139-27-112-120 Longitude 115° 11' 07" N NAD 83/WGS 84
Issued by Water Resources Parcel No.

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test Monitor Stock
 Municipal/Industrial

5. WELL TYPE
 Cable Rotary RVC
 Air Other 1/2" oil

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Silts		0	9	9'
Silts & Caliche lenses	X	9	17	8'
Silts & clays		17	31	14'
Mud - 6				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
<u>31</u>		<u>30</u>	

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>8</u>	<u>0</u>	<u>31</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.5</u>	<u>Sk 40 PVC</u>	<u>.25</u>	<u>0</u>	<u>10</u>

Perforations:

Type of perforation	Size of perforation	From	feet to	feet
<u>Maximum Slotted PVC</u>	<u>0.020"</u>	<u>10</u>	<u>30</u>	

Annular Seal: Yes No

<input checked="" type="checkbox"/> Neat Cement	<u>0</u> to <u>5</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack: Yes No 5 to 31 Pumped Poured
Type: # 3 SAND

Bentonite Chips: Yes No 5 to 8 Pumped Poured
Type: 1/4" chips

Date started: 10-7 20 09
Date completed: 10-7 20 09

7. Water Level
Static water level: 15 feet below land surface
Artesian Flow: No G.P.M. NA P.S.I.
Water Temperature: 12.5 °F
Quality: _____

8. 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			
		<u>NA</u>	

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Yusef Sarker Drilling Services LLC Contractor
Address P.O. Box 801, Gilbert AZ 85299 Contractor
Nevada contractor's license number _____
issued by the State Contractor's Board 0058304-1
Nevada driller's license number issued by the Division of Water Resources the on-site driller M-1817
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 10.12.09