

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

OFFICE USE ONLY  
Log No. 113783  
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. 34430

1. OWNER MISSION NV, INC. ADDRESS AT WELL LOCATION 225 W. CAREY  
MAILING ADDRESS 1 N. MAYFLOWER AVE. N. LAS VEGAS NV.  
N. LAS VEGAS NV. 89030 Subdivision Name: \_\_\_\_\_ County: CLARK

2. LOCATION NW 1/4 Sec 22 T 20 N SR 61 E Latitude 36° 12' 04.85" N UTM E  NAD 27  
PERMIT/WAIVER No. MO-2086 Parcel No. 13922501011 Longitude 115° 08' 31.35" W N  NAD 83/WGS 84

3. WORKED PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Other

4. PROPOSED USE  
 Domestic  Irrigation  Test  Cable  Rotary  RVC  
 Municipal/Industrial  Monitor  Stock  Air  Other USA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CONCRETE		0	2.5	2.5
SAWD FILL		2.5	1.0	.75
ASPHALT		1.0	1.5	.5
SILTY BROWN CLAY		1.5	2.5	1.0
CALICHE		2.5	4.0	1.5
BROWN SAND+GRAVEL		4.0	10.0	6.0
SILTY BROWN CLAY	YES	10.0	35.0	25.0

9. WELL CONSTRUCTION

Depth Drilled 35 Feet Depth Cased 35 Feet

HOLE DIAMETER (BIT SIZE)

	From	To		
<u>8</u> Inches	<u>0</u>	<u>35</u>	Feet	Feet
_____ Inches	_____	_____	Feet	Feet
_____ Inches	_____	_____	Feet	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>		<u>SC440</u>	<u>0</u>	<u>35</u>

DCNR/DWR  
RECEIVED  
APR 18 2011

LAS VEGAS OFFICE

Perforations:

Type of perforation MACHINE SLOT  
Size of perforation .020

From 15 feet to 35 feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Annular Seal:  Yes  No

<input type="checkbox"/> Neat Cement	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	<u>1</u> to <u>11</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Concrete Grout	<u>0</u> to <u>1</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> =30% Bentonite Grout	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Gravel Pack:  Yes  No 13 to 35  Pumped  Poured  
Type: NO3

Bentonite Chips:  Yes  No 11 to 13  Pumped  Poured  
Type: 3/8"

Date started: 4 - 12 , 20 11  
Date completed: 4 - 12 , 20 11

7. Water Level

Static water level: 15.5 feet below land surface  
Artesian Flow: \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water Temperature: \_\_\_\_\_ °F  
Quality: \_\_\_\_\_

8. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

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

10. DRILLER'S CERTIFICATION

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

Name FALE DRILLING Contractor  
Address 7150 PLACID ST. LAS VEGAS NV Contractor  
89119

Nevada contractor's license number 51266  
issued by the State Contractor's Board

Nevada driller's license number issued by the 2357  
Division of Water Resources, the on-site driller

Signed Mark Winkler  
By driller performing actual drilling on site or contractor

Date 4-13-2011

USE ADDITIONAL SHEETS IF NECESSARY

(Rev. 05-00)