

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

OFFICE USE ONLY
Log No. 114942
Permit No. _____
Basin 212

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. 36058

1. OWNER County of Clark (aviation) ADDRESS AT WELL LOCATION 5051 Paradise Rd
MAILING ADDRESS P.O. Box 11005 PMW-15A Paradise
Las Vegas, NV 89111-1005 Subdivision Name: County: Clark

2. LOCATION NE 1/4 NW 1/4 Sec 27 T 21S N/S R 61 E Latitude 36 05'50.27"N UTM E NAD 27
PERMIT/WAIVER No. 162-27-110-001 Longitude 115 08'57.03"W 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 Municipal/Industrial Monitor Stock

5. WELL TYPE Cable Rotary RVC Air Other Sonic

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill		0	2	2
Sand with Gravel		2	8	6
Caliche		8	14	6
Sand		14	15	1
Clayey Sand		15	18	3
Caliche		18	19	1
Caliche		19	21	2
Caliche		21	30	9
Sandy Clay		30	32	2
Clayey Sand		32	36	4
Caliche		36	39	3
Sand		39	41	2
Clay		41	45	4

DCNR/DWR RECEIVED
MAR 05 2012
LAS VEGAS OFFICE

9. WELL CONSTRUCTION

Depth Drilled 45 Feet Depth Cased 43 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>6.5</u> Inches	<u>0</u> Feet <u>45</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.375</u>		<u>Sch 40</u>	<u>0</u>	<u>43</u>

Perforations:

Type of perforation Factory Slotted

Size of perforation .020

From 38 feet to 43 feet

From _____ feet to _____ feet

From _____ feet to _____ feet

From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured

Cement Grout 1 to 33 Pumped Poured

Concrete Grout to _____ Pumped Poured

≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 36 to 43 Pumped Poured

Type: #8 SRI Supreme Sand

Bentonite Chips: Yes No 33 to 36 Pumped Poured

Type: Med Bent Chips

Date started: 23-Feb , 20 12

Date completed: 24-Feb , 20 12

7. Water Level

Static water level: 16.89 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)
<u>N/A</u>			

10. DRILLER'S CERTIFICATION

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

Name WDC Exploration & Wells
Contractor

Address 739 W. Sunset Rd
Contractor

Henderson, NV 89011

Nevada contractor's license number issued by the State Contractor's Board 0012852

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2381

Signed _____
By driller performing actual drilling on site or contractor

Date 3/5/2012