

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

OFFICE USE ONLY
Log No. 114984
Permit No. _____
Basin 220

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. 35621

1. OWNER Jack-K LLC ADDRESS AT WELL LOCATION None
MAILING ADDRESS P.O. Box 367
Overton, NV, 89040 - 0367 Subdivision Name: _____ County: Clark

2. LOCATION NW, NW 1/4 Sec 13 T 16 N/R 367 E Latitude 36.54936° UTM E NAD 27
PERMIT/WAIVER No. 070-13-101-017 Longitude -114.45340 N NAD 83/WGS 84

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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>FILL GRAVELLY sand w/SILT rd/brown</u>		<u>0</u>	<u>2</u>	<u>2</u>
<u>Silty Clay DK Brown</u>		<u>2</u>	<u>9</u>	<u>7</u>
<u>Sandy Silty gray w/ black discolor k/blocks</u>		<u>9</u>	<u>13</u>	<u>4</u>
<u>Sandy Silty brown wet</u>		<u>13</u>	<u>22</u>	<u>9</u>
<u>Silty Clay - brown</u>		<u>22</u>	<u>24</u>	<u>2</u>

9. WELL CONSTRUCTION

Depth Drilled 24 Feet Depth Cased 24 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>12</u> Inches	<u>0</u> Feet <u>24</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>4" sch 40 PVC</u>	<u>F-480</u>	<u>0</u>	<u>0</u>	<u>24</u>

Perforations:

Type of perforation Factory Slots
Size of perforation .020

From 9 feet to 24 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 2 to 6 Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 8 to 24 Pumped Poured
Type: #8 Silica Sand

Bentonite Chips: Yes No 6 to 8 Pumped Poured
Type: 3/8 Bentonite Hole Plug

Date started: 3/14, 20 12
Date completed: 3/14, 20 12

7. Water Level
Static water level: 11 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<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 Elite Drilling Inc. Contractor
Address 4255 W. Post Rd. Las Vegas, NV 89118 Contractor

Nevada contractor's license number 054931
issued by the State Contractor's Board
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1944

Signed Thomas H. Beall
By driller performing actual drilling on-site or contractor
Date 3/19/12