

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

OFFICE USE ONLY
Log No. 121151
Permit No. _____
Basin No. _____

PRINT OR TYPE IN BLACK INK 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. 37778
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME NICK WOLDEN
MAILING ADDRESS 1354 ROSSINI CIRCLE
HENDERSON NV
2. PLS LOCATION NE 1/4 N1E 1/4 27 Sec 21 WS 61 E
PERMIT/WAIVER NO. 116227-899-009
Issued by Water Resources Current Parcel No.

DETAILED ADDRESS AT WELL LOCATION LULL AVE & Young St LAS VEGAS NV
Subdivision Name: _____ County: CLARK
Latitude 36.09874 UTM E NAD 27
Longitude 115.1382 UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
SILT			0	2
CLAY			2	13
SILT SAND			13	14
GRAVEL & SAND			14	18
SAND CLAY		x	18	20
CLAY			20	24
CLAY & SAND			24	34
CEMENTED CLAY			34	36
GRAVEL			36	37
CLAY WITH SAND			37	39
CEMENTED CLAY			39	40
CLAY WITH SAND			40	60

DCNR/DWR/SNBO RECEIVED
AUG 27 2014
Rec'd 10/6/21/14

9. INSTRUCTION
Depth Drilled: 60 Feet Depth Cased: 57 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To
8	0	60

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	0.68	0.134	0	52

ANNULAR MATERIALS
Sanitary Seal Yes No
 Neal Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips 45 to 50 Pumped Poured
 Gravel Pack [> 0.2 in.] _____ to _____ Pumped Poured
 Sand Pack [< 0.2 in.] 50 to 60 Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

PERFORATIONS:
Type of perforation: FACTORY
Size of perforation: 0.01
From 52 Feet To 57 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

Date started: 8-31, 2014
Date completed: 9-1, 2014

7. WATER QUALITIES
Static water level: _____ Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

8. WELL TEST DATA

Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailer			
<input type="checkbox"/> Pump			
<input type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name: NATIONAL EXPL Contractor
Address: 5241 Schriels St LAS VEGAS NV 89118 Contractor
Nevada contractor's license number as issued by the State Contractor's Board: 00735355
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2466
Signed: [Signature]
Date: _____
By driller performing actual drilling on site or contractor

36.098746
-115.1373636
NAD 27