

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

OFFICE USE ONLY

Log No. 121396
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. 3777
WELL NAME (If applicable): MW-5

1. OWNER/CLIENT NAME Jose Rios / 7-Eleven
MAILING ADDRESS PO Box 711
Dallas TX 75221

DETAILED ADDRESS AT WELL LOCATION _____
5110 S. Maryland Parkway
Subdivision Name: _____ County: Clark

2. PLS LOCATION SW 1/4 NW 1/4 26 Sec 21S N/S 61 E
PERMIT/WAIVER NO. 16206910013
Issued by Water Resources Current Parcel No.

Latitude 36° 09' 08.48" N UTM E NAD 27
Longitude 115° 09' 16.86" W 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
Asphalt			0	
Base TYPE II				1
Gravel			1	4
Gravelly Silt Dry			4	11
Caliche			11	15
Gravelly Silt Moist			15	17
Caliche			17	23
Silt with sand Wet			23	26

9. INSTRUCTION

Depth Drilled: 25 Feet Depth Cased: 25 Feet

HOLE DIAMETER (BIT SIZE)

From		To	
<u>10.25</u> Inches	<u>0</u> Feet	<u>26</u> Feet	<u>26</u> Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.500</u>	<u>2.01</u>	<u>0.237</u>	<u>0</u>	<u>25</u>
_____	_____	_____	_____	_____

ANNULAR MATERIALS

Sanitary Seal Yes No

<input type="checkbox"/> Neat Cement	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	<u>0.05</u> to <u>6</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Bentonite Chips	<u>6</u> to <u>8</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Gravel Pack [> 0.2 in.]	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Sand Pack [< 0.2 in.]	<u>8</u> to <u>26</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Other, explain: _____	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured

Date started: 23-Apr, 20 14
Date completed: 23-Apr, 20 14

7. WATER QUALITIES
Static water level: 16 Feet below land surface
Artesian Flow: NA G.P.M. P.S.I.
Water Temperature: NA ° Fahrenheit
Water Quality: Clear

8. WELL TEST DATA

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

PERFORATIONS:

Type of perforation: Factory
Size of perforation: 0.02

From <u>10</u> Feet	To <u>25</u> Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name National EWP Contractor
Address 5241 Schrills 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): 2111-T1
Signed: Bob W
By driller performing actual drilling on site or contractor
Date: 5/7/2014

36.152356
-115.154633
NAD 27