

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

OFFICE USE ONLY
Log No. 121964
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. 72920
WELL NAME (if applicable): PSVE-C

1. OWNER/CLIENT NAME Karen H. Crutcher Esslinger Family Trust
MAILING ADDRESS 12932 N. 136th St. Scottsdale AZ
89259

DETAILED ADDRESS AT WELL LOCATION 5525 W. Charleston Blvd
Las Vegas, NV
Subdivision Name: _____ County: Clark

2. PLS LOCATION NE 1/4 NW 1/4 1 Sec 21 N/S 60 E
PERMIT/WAIVER NO. MO-3012 163-01-103-024S
Issued by Water Resources Current Parcel No.

Latitude 36° 9' 31.92" N UTM E NAD 27
Longitude 115° 13' 1.30" 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	-5
Silty Sand w/gravel & cobbles			-5	5
Caliche			5	6
Sandy clay w/ gravels			6	9
Caliche			9	10
Silty Sand w/ gravel			10	14
Silt			14	16
Caliche			16	17
Sandy clay w/gravel			17	18
silty sand some gravel			18	20
silty sandy clay			20	27
sandy clay			27	35
Caliche			35	37
Sandy clay w/ gravel/sand			37	42
sandy silt, clay w/ gravels			42	44
Silty clay w/ gravels			44	46
Caliche			46	50
Sandy silty clay / W gravels			50	65

9. INSTRUCTION
Depth Drilled: 65 Feet Depth Cased: 65 Feet

HOLE DIAMETER (BIT SIZE)			
	From	To	
<u>8.75</u> Inches	<u>0</u>	<u>65</u>	Feet
_____ Inches	_____	_____	Feet
_____ Inches	_____	_____	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>65</u>
_____	_____	_____	_____	_____

ANNULAR MATERIALS

Sanitary Seal	Yes	No				
<input type="checkbox"/> Neat Cement	<input type="checkbox"/>	<input type="checkbox"/>	<u>-5</u>	to	<u>50</u>	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	<input type="checkbox"/>	<input type="checkbox"/>	_____	to	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Concrete Grout	<input type="checkbox"/>	<input type="checkbox"/>	_____	to	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/>	<input type="checkbox"/>	<u>50</u>	to	<u>53</u>	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Gravel Pack [> 0.2 in.]	<input type="checkbox"/>	<input type="checkbox"/>	_____	to	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Sand Pack [< 0.2 in.]	<input type="checkbox"/>	<input type="checkbox"/>	<u>53</u>	to	<u>65</u>	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Other, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	to	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured

Date started: 13-Jan , 20 15
Date completed: 14-Jan , 20 15

PERFORATIONS:

Type of perforation: Factory
Size of perforation: 0.02

From	To	From	To
<u>55</u> Feet	<u>65</u> Feet	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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 Schirls St. Las Vegas, NV 89118 Contractor
Nevada contractor's license number as issued by the State Contractor's Board: 0075355
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2512-LTD
Signed: Bob [Signature]
By driller performing actual drilling on site or contractor
Date: 2/20/2015

8. WELL TEST DATA

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

36.1588973 NAJ
-115.2161926 27