

WELL DRILLERS REPORT

Please complete this form in its entirety

Log No. 28591
 Permit No. 56603
 Basin 812

NOTICE OF INTENT NO. 2425

PRINT OR TYPE ONLY

1. OWNER DOLE STUCKI ADDRESS AT WELL LOCATION 6261 Bullwing Dr., LV 89130
 MAILING ADDRESS _____
 2. LOCATION S.W. 1/4 NE 1/4 Sec. 26 T. 19 N. 10 E. Clark County _____
 PERMIT NO. 56603 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock
 5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SAND		0	2	2
CLAY		2	82	80
Big lump		82	89	2
Clay		89	140	56
Big lump		140	143	3
Clay w/ streak				
of gravel		143	455	312

8. WELL CONSTRUCTION
 Diameter hole 12 1/4 inches Total depth 455 feet
 Casing record 10-455
 Weight per foot _____ Thickness 156

Diameter	From	To
<u>8 5/8</u> inches	<u>10</u> feet	<u>455</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type CACT
 Depth of seal 50 feet
 Gravel packed: Yes No
 Gravel packed from 50 feet to 455 feet
 Perforations:
 Type perforation factory
 Size perforation _____
 From 415 feet to 455 feet
 From _____ feet to _____ feet

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 Branch Office - Las Vegas, NV

9. WATER LEVEL
 Static water level 125 feet below land surface
 Flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ ° F. Quality _____

Date started 5-4- 1987
 Date completed 5-8- 1987

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

10. DRILLERS CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name LEE R. THOMAS Contractor
 Address 5965 N. MOVERICK Contractor
 Nevada contractor's license number 10831
 Nevada contractor's drillers number 623
 Nevada driller's license number 623 Actual Driller
 Signed LEE R. THOMAS Contractor
 Date 5-8-87

49787 BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours