

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

WELL DRILLER'S REPORT
Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF PERMIT NO. 8222

1. OWNER James Reining's Marketing, Inc
MAILING ADDRESS: 10 University City Plaza
University City CA 91608
ADDRESS AT WELL LOCATION: 5049-B Sloan Lane
North Las Vegas Nevada
PERMIT NO. MO 20075 NW 1/4 NW 1/4 Sec 34 T 19 N 13 S R 62 E
Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. Domestic Municipal/Industrial Irrigation Test Stock
 Monitor Air Other _____

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill - type II		0	1	1
Clayey Silt Silty Clay		1	96	95
Clay		96	106	10
Clayey Silt		106	120	14

8. WELL CONSTRUCTION
Depth Drilled 120 Feet
HOLE DIAMETER (BIT SIZE)
8 1/2 Inches From _____ To _____
Inches Feet _____ Feet _____
Inches Feet _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Rt. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>			<u>0</u>	<u>125</u>

Perforations:
Type perforation Factory Sifted
Size perforation 80 feet to 120 feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
Depth of Seal 73
Placement Method: Pumped Poured
Gravel Packed: Yes No
From 75 feet to 120 feet

9. WATER LEVEL
Static water level 91 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name: Gary Lyons Contractor Layne Chirrenplatz
Address: 9002 S Hardy Drive Contractor Tempe AZ

Nevada contractor's license number _____
issued by the State Contractor's Board _____
Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 1682

Signed _____
By driller performing actual drilling on site or contractor
Date 7/26/91

Date started July 19 1991
Date completed _____ 19____

7. WELL TEST DATA
TEST METHOD: Bailor Pump Air Lift
G.P.M. _____ Draw Down (Feet Below Static) _____ Time (Hours) _____

Div. of Water Resources
French Office - Las Vegas, NV
SEP 17 1991
RECEIVED