

Log No. 37747
 Permit No. _____
 Basin 13-214

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 INTENT NO. 18985

1. OWNER Mary Wells ADDRESS AT WELL LOCATION Carbonwood Court Road - Searchlight, NV
 MAILING ADDRESS _____

2. LOCATION SW NE Sec 35 T 28 N 36 E Clark County
 PERMIT NO. 56880

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Decomposed granite & Clay</u>		<u>0</u>	<u>115</u>	<u>115</u>
<u>Red + Black Valencias</u>		<u>115</u>	<u>240</u>	<u>125</u>
<u>Red + Black Valencias</u>	<u>X</u>	<u>240</u>	<u>440</u>	<u>200</u>
<u>Red + Black Valencias</u>	<u>X</u>	<u>440</u>	<u>600</u>	<u>160</u>
<u>Red + Black Valencias</u>	<u>X</u>	<u>600</u>	<u>750</u>	<u>150</u>

8. WELL CONSTRUCTION
 Depth Drilled 750 Feet Depth Cased 0 Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 Inches To 750 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>Temporary casing was removed</u>				

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 750 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Bentinite slurry Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 270 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature NA °F Quality NA

Date started 2-18 1992
 Date completed 3-17 1992

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>50</u>	<u>750</u>	<u>14 hrs</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Mitchell Enterprises Contractor
 Address 630 Betty Contractor
Las Vegas NV 89124
 Nevada contractor's license number 27030
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the 1475
 Division of Water Resources, the on-site driller.
 Signed Dean Mitchell
 By driller performing actual drilling on site or contractor
 Date March 27, 1992

'92 JUL -9 10:02 AM
 STATE ENGINEERS OFFICE