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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. 11972

1. OWNER Western Summit ADDRESS AT WELL LOCATION 2007 Athens  
 MAILING ADDRESS 5470 Valley Highway HV. Henderson  
Denver Co. 80216  
 2. LOCATION SE 1/4 36 T. 21 N/S R. 62 E CLARK County  
 PERMIT NO. DW 1007 Issued by Water Resources Parcel No. \_\_\_\_\_ Subdivision Name \_\_\_\_\_

3. WORK PERFORMED  New Well  Replace  Recondition  Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE 40' Domestic  Domestic  Irrigation  Test  Municipal/Industrial  Monitor  Stock  
 5. WELL TYPE  Cable  Rotary  RVC  Air  Other Bucket Rig

6. Head work LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sandy w/Coaly</u>		<u>0</u>	<u>10</u>	<u>10</u>
<u>Gravel w/sand</u>		<u>10</u>	<u>25</u>	<u>15</u>
<u>Cemented sand</u>		<u>25</u>	<u>27</u>	<u>2</u>
<u>Sandy clay w/gravel</u>		<u>27</u>	<u>35</u>	<u>8</u>
<u>Green clay</u>		<u>35</u>	<u>40</u>	<u>5</u>

8. WELL CONSTRUCTION  
 Depth Drilled 40 Feet Depth Cased 40 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 24" Inches To 40 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet  
 CASING SCHEDULE  

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>12</u>			<u>0</u>	<u>40</u>

Perforations:  
 Type perforation Saw cut  
 Size perforation 2" - 0.40  
 From 20 feet to 40 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface Seal:  Yes  No Seal Type:  Neat Cement  Cement Grout  Concrete Grout  
 Depth of Seal \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 0 feet to 40 feet

RECEIVED  
 MAY 19 1993  
 Div. of Water Resources  
 Branch Office - Las Vegas, NV

9. WATER LEVEL  
 Static water level 15 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 2-1 19 93  
 Date completed 2-1 19 93

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 type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Foot Hills Eng. Contractor  
 Address 205 E 3rd St Contractor  
Corona Cal.  
 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 1567  
 Signed Chuck W. Sewell  
 By driller performing actual drilling on site or contractor  
 Date 2-1