

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. 10767

1. OWNER UPRR 2/6 USPC1 Well 05

ADDRESS AT WELL LOCATION
UPRR VARD
LAS VEGAS, NV

2. LOCATION SE 1/4 NE 1/4 Sec. 33 T. 20 N. R. 60 E. Clark

County Clark

ISSUED BY WATER RESOURCES Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strain	From	To	Thickness
<u>WELL ABANDONMENT</u>				
<u>(5) 4" WELLS 38 TOTAL</u>				
<u>(3) 2" WELLS</u>				
<u>CASING PULLED</u>				
<u>GROUTED w/ CEMENT/BENTONITE</u>				
<u>SLURRY</u>				

8. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
HOLE DIAMETER (BIT SIZE)			
Inches	Feet	Inches	Feet
Inches	Feet	Inches	Feet
Inches	Feet	Inches	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

9. WATER LEVEL

Static water level _____ 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 Don Wilson Contractor

Address 4670 S. Pablos Av. Contractor

LAS VEGAS, NV 89103

Nevada contractor's license number _____

Issued by the State Contractor's Board _____

Nevada driller's license number issued by the _____ M-1589

Division of Water Resources, the on-site driller _____

Signed Don Wilson By driller performing actual drilling on site or contractor

Date _____

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

G.P.M. (Feet Below Static) _____ Time (Hours) _____

Date started JUNE 9 1993

Date completed JUNE 11 1993

DIV. OF WATER RESOURCES
Branch Office - Las Vegas, NV
June 19 1993

RECEIVED