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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. 11540

1. OWNER Kathleen Espin/Steven Baker ADDRESS AT WELL LOCATION Goodsprings on hill
 MAILING ADDRESS 480 W. Market
Goodsprings, Nv. 89019
 2. LOCATION NE 1/4 SE 1/4 Sec 26 T. 24 N/S R. 58 E. clark County Clark
 PERMIT NO. _____ Issued by Water Resources _____ Parcel No. _____ Subdivision Name _____

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	Thickness
lime stone w/fractures		0	16	16
yellow limestone		16	20	4
brown silt & gravel		20	22	2
hard yellow sandstone		22	79	57
cemented sand & gravel		79	82	3
brown clay & gravel		82	96	14
red sand stone hard		96	100	4
gray & yellow limestone		100	112	12
brown clay & gravel		112	116	4
yellow limestone		116	124	8
fractured yellow limestone		124	128	4
yellow limestone		128	162	34
fractured gray limestone	X	162	178	16
hard gray limestone		178	188	10
fractured gray & yellow lime	X	188	211	23
grav limestone		211	234	23
fractured gray lime		234	239	5
hard bluish gray CLAY		239	243	4
gray limestone		243	250	7

8. WELL CONSTRUCTION
 Depth Drilled 250 Feet Depth Cased 250 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 250 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8"	12.92	.188	+1	250

Perforations:
 Type perforation Torch
 Size perforation _____
 From 160 feet to 250 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped
 Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 160 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 Allen Drilling, Inc. Contractor 
 Address 4847 So. Valley View
Las Vegas, Nv. 89103
 Nevada contractor's license number 0018917
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1661
 Signed Donald L. Wash
 By driller performing actual drilling on site or contractor
 Date 9-8-93

Date started 9-1 1993
 Date completed 9-4 1993

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	
50	?	4	