

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

Log No. **48067**
 Permit No. **212**
 Basin: _____

NOTICE OF INTENT NO. **14434**

1. OWNER: **USPEL/AIDRAU**
 MAILING ADDRESS: **3838 RAY MEET DR #3**
LAS VEGAS, NV 89102

ADDRESS AT WELL LOCATION: **FAIRFAX PARKWAY**

2. LOCATION: **SE 1/4 SE 1/4 Sec. 33 T. 20 N. R. 1E E**
 PERMIT NO. **MD-2587** Parcel No. **41-14**

Subdivision Name: **CLARK** County: _____

3. WORK PERFORMED
 New Well
 Replace
 Abandon
 Deepen
 Recondition
 Other

4. Domestic
 Municipal/Industrial
 Irrigation
 Test
 Monitor
 Stock

5. WELL TYPE
 Cable
 Rotary
 Air
 Other **AUGER**

LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
SILT SAND		0	4	4
SILT CLAY		4	10	6
CHALK		10	17.5	7.5
SANDY CLAY		17.5	29.5	12

8. WELL CONSTRUCTION
 Depth Drilled **29.5** Feet
 Depth Cased **29.5** Feet
 HOLE DIAMETER (BIT SIZE)
 8 Inches From 8 To **29.5** Feet
 Inches From _____ Feet
 Inches From _____ Feet

CASING SCHEDULE

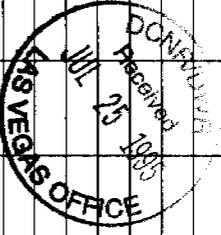
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	0.64	0.154	0	29.5

Perforations: **FAIRFAX 5107**
 Type perforation **0.010**
 Size perforation _____
 From **14.5** feet to **29.5** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **0-10/10-12' REGRUITE** Neat Cement
 Placement Method: Pumped Cement GROUT
 Poured Concrete GROUT
 Gravel Packed: **1/2** Yes No
 From _____ feet to **29.5** feet

9. WATER LEVEL
 Static water level: **16.71** 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: **THOMAS ALICHA**
 Address: **4670 SO DELORS AVE**
LAS VEGAS NV 89103
 Contractor
 Nevada contractor's license number
 issued by the State Contractor's Board: **141869**
 Nevada driller's license number issued by the
 Division of Water Resources, the on-site driller: _____



7. WELL TEST DATA
 Date started: **JUNE 14** 19 **95**
 Date completed: **JUNE 14** 19 **95**

TEST METHOD: Bailor Pump Air Lift
 G.P.M. (Feet Below Static) Time (Hours)

TEST METHOD	G.P.M.	Time (Hours)

Signed: _____
 By driller performing actual drilling on site or contractor
 Date: **7-21-95**