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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. 16233

1. OWNER Ralph Nisson ADDRESS AT WELL LOCATION 5325 Meikle Lane LV NEV
 MAILING ADDRESS Same

2. LOCATION NW 1/4 SW 1/4 Sec. 21 T. 20 N/S R. 62 Clark County
 PERMIT NO. 140-21-306-002-96 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	Thick-ness
Sandy Clay		0	90	
Sandy Clay & Water	xx	90	125	
Clay		125	150	
Sandy Clay		150	200	
Sandy Clay & Water	xx	200	230	

8. WELL CONSTRUCTION
 Depth Drilled 230 Feet Depth Cased 230 Feet

HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 0 Feet 230 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.94	.188	+1	230

Perforations:
 Type perforation Factory
 Size perforation 3/16 x 8 row
 From 190 feet to 210 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 55 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 5.8 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 V.H. Dimick Contractor
 Address 5360 Bonita Vista Contractor
Las Vegas, Nev. 89129
 Nevada contractor's license number 10062
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the 552
 Division of Water Resources, the on-site driller.
 Signed V.H. Dimick
 By driller performing actual drilling on site or contractor
 Date 11-15-95

Date started 10/25/95, 19____
 Date completed 11/1/95, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

