

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELLS

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

NOTICE OF INTENT NO. **14483**

1. OWNER **MARNELL CORRAO well 03** ADDRESS AT WELL LOCATION **RIO HOTEL**
 MAILING ADDRESS **4495 S. POLARIS AVE.** **LAS VEGAS, NV 89103** **EXPANSION**

2. LOCATION **SW SW 1/4 Sec. 17 T. 21 N/S R. 61 E. CLARK** County
 PERMIT NO. **0W-1037** Issued by Water Resources Parcel No. _____ Subdivision Name _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
DRILL 4 WELLS				
FILL				
SAND & CLAY & BOULDERS	21	0	16	16
CALICHI		18	22	6
CLAY		22	28	6
		28	31	3

8. WELL CONSTRUCTION
 Depth Drilled **31** Feet Depth Cased **31** Feet
 HOLE DIAMETER (BIT SIZE)
 From **24** Inches **0** Feet **31** Feet
 To _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
14				

Perforations: **FACTORY**
 Type perforation _____
 Size perforation _____
 From **21** feet to **31** feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 _____ 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 **ALLEN DRILLING INC** Contractor
 Address **4847 S VALLEY VIEW** Contractor
LAS VEGAS, NV. 89103
 Nevada contractor's license number **18916** 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 **[Signature]** By driller performing actual drilling on site or contractor
 Date _____

Date started **9/11/1985**, 19_____
 Date completed **9/25/1985**, 19_____

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			