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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. **16281**

1. OWNER **Avis Renta car % Broadbent** ADDRESS AT WELL LOCATION **Avis**  
 MAILING ADDRESS **833 NV. Hwy #4** **5164 Rent - A - Car rd**  
**Boulder city NV. 89005** **Las Vegas NV.**

2. LOCATION **SW 1/4 NW 1/4 Sec. 27 T. 21 N3R 61 E Clark** County  
 PERMIT NO. **MO-2619** **162-27-201-005** 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
<b>silty sand</b>		<b>0</b>	<b>6'</b>	<b>6</b>
<b>caliche</b>		<b>6</b>	<b>7'</b>	<b>1</b>
<b>silt w/gravel</b>		<b>7</b>	<b>11'</b>	<b>4'</b>
<b>hard caliche</b>		<b>11</b>	<b>18'</b>	<b>7</b>
<b>sandy silty clay</b>	<b>16.5</b>	<b>18</b>	<b>30'</b>	

8. WELL CONSTRUCTION  
 Depth Drilled **30** Feet Depth Cased **30** Feet

HOLE DIAMETER (BIT SIZE)  
 From **6"** Inches To **30** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

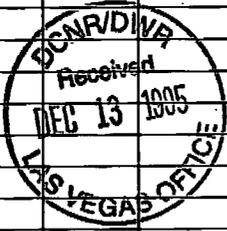
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>2.375</b>	<b>0.64</b>	<b>0.218</b>	<b>0</b>	<b>30</b>

Perforations:  
 Type perforation **Factory slot**  
 Size perforation **.020**  
 From **10** feet to **30** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **8'**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
 From **8** feet to **30** feet

9. WATER LEVEL  
 Static water level \_\_\_\_\_ feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_



Date started **Sep 6**, 19**95**  
 Date completed **Sep 6**, 19**95**

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

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

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 **731 Pilot rd ste H** Contractor  
**L.V. N.V. 89119**  
 Nevada contractor's license number issued by the State Contractor's Board \_\_\_\_\_  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-1589**  
 Signed **Don Wilson**  
 By driller performing actual drilling on site or contractor  
 Date \_\_\_\_\_