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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. 17422

1. OWNER THE OXFORD GROUP ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 NE 1/4 Sec. 28 T. 19 N/S R. 57 E CLARK County _____
 PERMIT NO. 62096 T 470-080-007 Parcel No. _____ Subdivision Name _____
Issued by Water Resources

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
8" CASSED HOLE.		0	70	70
OPEN HOLE		70	640	570
FILL		640	650	10
FRACTURED LIMESTONE.		650	715	65

8. WELL CONSTRUCTION
 Depth Drilled 715 Feet Depth Cased 715 Feet
 HOLE DIAMETER (BIT SIZE)
 From To
10 Inches 0 Feet 650 Feet
7 7/8 Inches 650 Feet 715 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>	<u>16.94</u>	<u>.188</u>	<u>+1</u>	<u>70</u>
<u>6 5/8</u>	<u>12.92</u>	<u>.188</u>	<u>0</u>	<u>715</u>

Perforations:
 Type perforation FACTORY SAW
 Size perforation 1/8 x 2 1/2
 From 595 feet to 695 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 480 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 WATER WELL SERVICES Contractor
 Address 6475 GARY AVE Contractor
LAS VEGAS, NV. 89139
 Nevada contractor's license number issued by the State Contractor's Board 022311A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1594
 Signed Timothy Coult
 By driller performing actual drilling on site or contractor
 Date 7-9-96

Date started 7-3 1996
 Date completed 7-5 1996

7. WELL TEST DATA

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