

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. **58101**
 Permit No. _____
 Basin **212**

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. **30219**

WELLS 20
 1. OWNER WASHINGTON Construction ADDRESS AT WELL LOCATION DESERT INN / PARADISE
 MAILING ADDRESS _____
 2. LOCATION 1/4 N 1/2 Sec 15 T 21 N/S R. 6d E CLARK County
 PERMIT NO. DW 1045 Issued by Water Resources Parcel No. 162-15-101-01A 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
WELLS 20-22				
Pulled CASING				
DRILLED out				
24" HOLES AND				
Cemented EACH				
WELL with 4 1/2				
YARDS OF 9 SACK				
CEMENT Slurry				
Supplied by				
Contractor				

8. WELL CONSTRUCTION
 Depth Drilled **40** Feet Depth Cascd **40** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ 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)

Perforations:
 Type perforation _____
 Size perforation _____
 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 _____

Date started 9/9 1996
 Date completed 9/12 1996

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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name _____
 Address **ALLEN DRILLING, INC.**
4847 So. Valley View Blvd.
LAS VEGAS, NEVADA 89103
 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 **1376**
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 10/14/96