



PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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. 15761

1. OWNER MARNELL CORRAO
MAILING ADDRESS Well #46 ADDRESS AT WELL LOCATION _____

2. LOCATION SE 1/4 SE 1/4 Sec. 20 T 21 N/S R 61 E CLARK County
PERMIT NO. DW1038 Parcel No. 162-20-501-002 Subdivision Name _____
Issued by Water Resources

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>12 wells</u>				
<u>EXCAVATED TO FULL</u>				
<u>DEPTH BY OWNER</u>				
<u>NO NEED FOR ABANDONMENT</u>				
<u>#20 21</u>				
<u>#26 to #38</u>				
<u>#40 to #46</u>				

8. WELL CONSTRUCTION
Depth Drilled _____ Feet Depth Cased 30 to 50 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:
Depth of Seal _____ Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

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 issued by the State Contractor's Board 18916
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1301
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 3/11/97

Date started 3/11/97, 19____
Date completed 3/11/97, 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			