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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. 16028

1. OWNER Mr. Marion D. Bennett ADDRESS AT WELL LOCATION Owens - K Street Las Vegas NV 89106
 MAILING ADDRESS 2108 N. Revere Street NORTH LAS VEGAS, NV 89030
 2. LOCATION SW 1/4 SE 1/4 Sec. 21 T. 20S. R. 61E. Clark County
 PERMIT NO. MO 2670 Issued by Water Resources Parcel No. 1351-21-804-005 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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Silty Fine Brn. Sand</u>		0	8'	8'
<u>Brn Cemented Sand</u>		8'	9 1/2'	1 1/2'
<u>Cauciche</u>		9 1/2'	11	2 1/2'
<u>Brown Sand Med</u>		11	13	2'
<u>Cauciche</u>		13	17	4'
<u>Brn Silty Sandy Clay</u>		17	22	5'
<u>Dark Silty Sand w/Clay</u>	▽	22	27 1/2'	5 1/2'
<u>Light Brn (Hard) Clay</u>		27 1/2'	33 1/2'	5'
<u>Med Brn Sandy Silty</u>		33 1/2'	35	1 1/2'
<u>Light Brn Grayish Clay</u>		35	38	3'
<u>Fine Med Brn Sand</u>		38	40	2'

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cascd 35 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 40 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>			<u>0</u>	<u>15'</u>

Perforations:
 Type perforation Spot
 Size perforation 0.020
 From 15' feet to 35' 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 10'
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 13 feet to 40' feet

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9. WATER LEVEL
 Static water level 21 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 70 °F Quality _____

DCNR/DWR
 Date started Jan 22 1996 REGAS OFFICE
 Date completed Jan 22 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 _____ Contractor
 Address _____ Contractor
 Nevada contractor's license number issued by the State Contractor's Board AA 2117
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M2017
 Signed Benneth A. Kutanic
 By driller performing actual drilling on site or contractor
 Date Jan 29 1996