

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

OFFICE USE ONLY
 Log No. 66114
 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. 12114

1. OWNER NEVADA PARTNERS ADDRESS AT WELL LOCATION NORTH OF LAKE MEAD BLVD, APPROX 140' EAST OF REVERE ST
 MAILING ADDRESS 608 SOUTH 8th ST LAS VEGAS NV 89101
 2. LOCATION SW 1/4 NW 1/4 Sec. 22 T. 20 N. R. 61 E. CLARK County
 PERMIT NO. NO-2339 Issued by Water Resources Parcel No. 139-22-201-004 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
<u>SILTY SAND CLAY</u>		<u>0</u>	<u>1</u>	<u>1</u>
		<u>1</u>	<u>25</u>	<u>24</u>
<u>Plug Well</u>				
<u>TEMPORARY MONITOR WELL INSTALLED.</u>				
<u>WELL ABANDONED ON OCTOBER 4, 1993</u>				
<u>BY PULLING CASING AND GROUTING BOREHOLE WITH CEMENT/BENTONITE SLURRY.</u>				

8. WELL CONSTRUCTION
 Depth Drilled 25 Feet Depth Cased 25 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 Inches To 25 Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.375</u>	<u>0.64</u>	<u>0.154</u>	<u>0</u>	<u>25</u>

Perforations:
 Type perforation FACTORY SLOT
 Size perforation 0.020
 From 10 feet to 25 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type: _____
 Depth of Seal 7-9' BENTONITE Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 9 feet to 25 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 SEPTEMBER 30, 1993
 Date completed SEPTEMBER 30, 1993

7. WELL TEST DATA

TEST METHOD:	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)

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
 Address 4670 So. POLARIS AVE LAS VEGAS NV 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 M1589
 Signed Don Wilson
 By driller performing actual drilling on site or contractor
 Date 11-1-93