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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. 12136

1. OWNER USPO1 ADDRESS AT WELL LOCATION UPRR YARD
 MAILING ADDRESS 5665 FLATIRON PKWY
BOULDER CO 80301
 2. LOCATION SE 1/4 SW 1/4 Sec 27 T. 20 N. R. 61 E. CLARK County
 PERMIT NO. MD-2369 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other
 4. PROPOSED USE MW 25A
 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>FILL</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>CLAY</u>		<u>3</u>	<u>5</u>	<u>2</u>
<u>SILT</u>		<u>5</u>	<u>10</u>	<u>5</u>
<u>GRAVELLY CLAY w/SAND</u>		<u>10</u>	<u>13</u>	<u>3</u>
<u>ALICHE</u>		<u>13</u>	<u>15.5</u>	<u>2.5</u>
<u>POORLY GRADED SAND</u>		<u>15.5</u>	<u>18</u>	<u>2.5</u>
<u>ALICHE</u>		<u>18</u>	<u>18.5</u>	<u>0.5</u>
<u>CLAY w/SAND & GRAVEL</u>		<u>18.5</u>	<u>23</u>	<u>4.5</u>
<u>POORLY GRADED SAND</u>		<u>23</u>	<u>28</u>	<u>5</u>
<u>CLAY w/GRAVEL</u>		<u>28</u>	<u>31</u>	<u>3</u>

8. WELL CONSTRUCTION
 Depth Drilled 31 Feet Depth Cased 30 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 31 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>0.237</u>	<u>0</u>	<u>30</u>

Perforations:
 Type perforation FACTORY SLOT
 Size perforation 0.020
 From 20 feet to 30 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 0-16/16-18' BENTONITE Neat Cement
 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 18' feet to 31 feet

9. WATER LEVEL
 Static water level 20 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started DEC 17 1993
 Date completed DEC 17 1993

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 THOMAS HIGHT Contractor
 Address 4670 50 FOLARIS 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 11869
 Signed _____
 By driller performing actual drilling on site or contractor
 Date JAN 19, 1994

RECEIVED

JAN 21 1994

Div. of Water Resources
 Branch Office - Las Vegas, NV