WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

# WELL DRILLER'S REPORT

Please complete this form in its entirety

OFFICE USE ONLY
Log No. 66169
Permit No.
Basin 212

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 8544

1. OWNER UNOCAL
MAILING ADDRESS 845 W. BONANZA
LAS VEGAS, NV 89106

ADDRESS AT WELL LOCATION 845 W. BONANZA

2. LOCATION SE ¼ SE ¼ Sec. 28 T. 20 N/S R. 61 E. CLARK County
PERMIT NO. ____ Issued by Water Resources | Parcel No. | Subdivision Name

3. TYPE OF WORK
New Well ☒ Recondition ☐
Deepen ☐ Other ☐

4. PROPOSED USE MONITORING
Domestic ☐ Irrigation ☐ Test ☒
Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL
Cable ☐ Rotary ☒
Other ☐

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|---|---|---|---|---|
| SILTY CLAY | | 0 | 15' | 15' |

Date started JULY 18, 1990
Date completed JULY 18, 1990

7. WELL TEST DATA

| Pump RPM | G.P.M. | Draw Down | After Hours Pump |
|---|---|---|---|
| | | | |

BAILER TEST
G.P.M. ____ Draw down ____ feet ____ hours
G.P.M. ____ Draw down ____ feet ____ hours
G.P.M. ____ Draw down ____ feet ____ hours

8. WELL CONSTRUCTION
Diameter 2 inches Total depth 15 feet
____ inches
____ inches
Casing record BLANK 0-5', SCREEN 5-15'
Weight per foot ____ Thickness ____

| Diameter | From | To |
|---|---|---|
| ____ inches | ____ feet | ____ feet |
| ____ inches | ____ feet | ____ feet |
| ____ inches | ____ feet | ____ feet |
| ____ inches | ____ feet | ____ feet |
| ____ inches | ____ feet | ____ feet |
| ____ inches | ____ feet | ____ feet |

Surface seal: Yes ☒ No ☐ Type NEAT CEMENT
Depth of seal 4' feet
Gravel packed: Yes ☒ No ☐
Gravel packed from 4' feet to 15 feet

Perforations:
Type perforation ____
Size perforation ____
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

9. WATER LEVEL
Static water level ____ feet below land surface
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 DON WILSON
Address 4670 POLARIS, LV, NV, 89103 (Contractor)
Nevada contractor's license number issued by the State Contractor's Board ____
Nevada contractor's driller's number issued by the Division of Water Resources ____
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1589
Signed [signature]
By driller performing actual drilling on site or contractor
Date ____

(Rev. 11-85) USE ADDITIONAL SHEETS IF NECESSARY (O)-627