

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. **106365**
Permit **212**
Basin

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

NOTICE OF INTENT, NO. **12135**
DPRR 1982

1. OWNER **USPCL**
MAILING ADDRESS **5655 FLATIRON PLINY**
BOULDER CO 80501

ADDRESS AT WELL LOCATION **12135**

2. LOCATION **SE 1/4 NE 1/4 Sec. 33 T 20 N OR 61 E CLARK** County
PERMIT NO. **UNKNOWN** Parcel No. **12135** 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
ABANDONED WELL # LYMU-7				
ON DEC 20, 1993				
PULLED CASING DRILLED OUT				
BOREHOLE AND PLUGGED WITH				
A CEMENT GROUT (30% BENTONITE)				

8. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Casad	Feet
HOLE DIAMETER (BIT SIZE)			
Inches	Feet	Inches	Feet
Inches	Feet	Inches	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

9. WATER LEVEL

Performations:
Type perforation
Size perforation

From.....feet to.....feet
From.....feet to.....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: Pumped Poured

Placement Method: Pumped Poured

Gravel Packed: Yes No

From.....feet to.....feet

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name: **THOMAS WIGHT**
Address: **4670 SB CHARLES AVE**
LAS VEGAS NV 89103
Contractor
Nevada contractor's license number **89103**
issued by the State Contractor's Board

Nevada driller's license number issued by the Nevada Division of Water Resources, the on-site driller **11869**

Signed **[Signature]**
By driller performing actual drilling on **20** of contractor

Date **JAN 19 1994**

7. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailor	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	