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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. 12009

1. OWNER HLA / CUUWD ADDRESS AT WELL LOCATION BLUE DIAMOND  
 MAILING ADDRESS 4170 S. DELAVAN A-1  
LV NV 89103  
 2. LOCATION 1/4 NW 1/4 Sec. 7 T 22 N 59 E County \_\_\_\_\_  
 PERMIT NO. W-2045 Issued by Water Resources Parcel No. \_\_\_\_\_ 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 ABON

6. LITHOLOGIC LOG

| Material   | Water Strata | From | To | Thick-ness |
|--|--------------|------|----|------------|
| CLAY w/<br>Cement<br>CALICATE w<br>SOME LIMESTONE          |              | 0    | 20 |            |
| Hole was ABANDON w/<br>Cement GROUT FROM<br>20' TO 61' 00" |              |      |    |            |

8. WELL CONSTRUCTION  
 Depth Drilled 20 Feet Depth Cased NA Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 10 Inches To 0 Feet 20 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
|                    | <u>NA</u>           |                         |             |           |

Perforations:  
 Type perforation NA  
 Size perforation \_\_\_\_\_  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 20  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level NA feet below land surface  
 Artesian 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 Wesley Environmental Contractor  
 Address 4201 S. Valley View #201  
LV NV 89103 Contractor  
 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 W-1487  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 12-19-93

Date started 9-21 1993  
 Date completed 9-21 1993

7. WELL TEST DATA

| 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) |
|--|--------|-------------------------------|--------------|
|  |        |                               |              |
|  |        |                               |              |

RECEIVED  
 DEC 27 1993  
 Div. of Water Resources  
 Branch Office - Las Vegas, NV