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

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

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. 666628
Permit No.
Basin 212

NOTICE OF INTENT NO. 15940

1. OWNER RUST
MAILING ADDRESS 176 NORTH 2200 WEST STE 240 SALT LAKE CITY, UT 84116
ADDRESS AT WELL LOCATION 1611 S. MOHAVE RD LAS VEGAS, NV

2. LOCATION NE ¼ SE ¼ Sec. 1 T. 21 N(S) R 61 E CLARK County
PERMIT NO. Issued by Water Resources | Parcel No. 162-01-703-002 | Subdivision Name

3. WORK PERFORMED
☐ New Well ☐ Replace ☐ Recondition
☐ Deepen ☒ Abandon ☐ Other

4. PROPOSED USE W-01
☐ Domestic ☐ Irrigation ☐ Test
☐ Municipal/Industrial ☒ Monitor ☐ Stock

5. WELL TYPE
☐ Cable ☐ Rotary ☐ RVC
☐ Air ☒ Other AUGER

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
TEMPORARY MONITOR WELL WAS ABANDONED ON MAY 26, 1997				
CASING PULLED, BOREHOLE DRILLED OUT AND PLUGGED WITH NEAT CEMENT				
WELL DRILLED/INSTALLED ON MAY 21, 1997 UNDER INTENT # 15938				

Date started MAY 26, 1997
Date completed MAY 26, 1997

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet, Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)
From To
____ Inches ____ Feet ____ Feet
____ Inches ____ Feet ____ Feet
____ Inches ____ Feet ____ Feet

CASING SCHEDULE

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

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

9. WATER LEVEL
Static water level ____ 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 THOMAS HIGH/CONVERSE CONS (Contractor)
Address 731 PILOT RD STE H LAS VEGAS, NV 89119 (Contractor)
Nevada contractor's license number issued by the State Contractor's Board 0034757
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1869
Signed ____ (By driller performing actual drilling on site or contractor)
Date 7-1-97

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY (O)-627