

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. _____

1. OWNER US Postal Service ADDRESS AT WELL LOCATION SE corner
 MAILING ADDRESS 2800 N. Central Suite 1100 Phoenix AZ 85004-1090 Travis Rd 9 acres acres
 2. LOCATION NE 1/4 SW 1/4 Sec 9 T 21 S N/S R 61 E m 089 M County _____
 PERMIT NO. MO-2190 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 Asen

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
THE PVC plug on the bottom was knocked out and neat cement was placed inside the casing and the casing was completely removed from 30' to 2.5' below grade. This process was done on 16 wells with your permit no. MO-2190				

RECEIVED
 OCT 13 1992
 Div. of Water Resources
 Branch Office - Las Vegas, NV

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

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 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 _____

Date started 9-30 1992
 Date completed 9-30 1992

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)

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Wesley Group Inc Contractor
 Address 16825 S. Wesley Dr. Contractor
Chandler AZ 85226
 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 290T-2
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 10-7-92