

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. 13756

1. OWNER NATIONAL RIX ADDRESS AT WELL LOCATION SW CORNER OF ANNIE CALEY AND SILVESTRI LANE
 MAILING ADDRESS _____

2. LOCATION NW 1/4 SE 1/4 Sec. 31 T. 21 N. R. 62 E CLARK County
 PERMIT NO. MO-2497 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE MW-1
 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
<u>SILTY CLAY</u>		<u>0</u>	<u>21</u>	<u>21</u>
<u>WELL WAS ABANDONED ON NOVEMBER 4, 1994 AFTER LAB ANALYSES WERE RECEIVED.</u>				
RECEIVED				
NOV 09 1994				
Div. of Water Resources Branch Office - Las Vegas, NV				

8. WELL CONSTRUCTION
 Depth Drilled 21 Feet Depth Cased 20 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 21 Feet
 _____ 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)
<u>2.375</u>	<u>0.64</u>	<u>0.154</u>	<u>0</u>	<u>20</u>

Perforations:
 Type perforation FACTORY SLOT
 Size perforation 0.020
 From 5 feet to 20 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 0-2 1/2-4' BENTONITE Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 4 feet to 21 feet

Date started 10-18 1994
 Date completed 10-18 1994

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)

9. WATER LEVEL
 Static water level 14.05 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 HIGIT
 Address 4670 SO. POLARIS AVE LAS VEGAS, NV 89103
 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 11869
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 11-4-94