

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. **69582**
Permit No. **212**
Basin **212**

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

NOTICE OF INTENT NO. **16519**

1. OWNER **Elyria J Cheyenne**
MAILING ADDRESS **1100 W. Cheyenne NV 89030**

ADDRESS AT WELL LOCATION **Elyria**

1100 W. Cheyenne NV 89030

2. LOCATION **SW 1/4 SE 1/4 Sec 11 T 20 N 0R 61 E** County **Clark**

PERMIT NO. **139-114-030-05** Parcel No. **139-114-030-05** Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Abandon Other

4. PROPOSED USE
 Domestic Municipal/Industrial
 Irrigation Test Stock Cable Rotary RVC
 Monitor Air Other **Auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Abandon 5 wells				
to NDWUE				
Regulations				
60'				
1-4" x 75'				
4-4" x 40'				

8. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
HOLE DIAMETER (BIT SIZE)			
Inches	Feet	Feet	Feet
Inches	Feet	Feet	Feet
Inches	Feet	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 Seal Type: Neat Cement Cement GROUT Concrete GROUT
 Placement Method: Pumped Concrete GROUT Poured
 Gravel Packed: Yes No
 From..... feet to..... feet

9. WATER LEVEL
 Static water level..... **60** feet below land surface
 Artesian flow..... G.P.M. **1.81**
 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 **Weber Drilling Services**
 Address **1210 Sharp Circle**
 City **Las Vegas NV** Contractor **89030**

Nevada contractor's license number **39528**
 Nevada driller's license number issued by the State Contractor's Board. **M-2057**
 Division of Water Resources, the on-site driller.

Signed **[Signature]**
 Date **11-01-97**
 By driller performing actual drilling on site or contractor

7. WELL TEST DATA
 TEST METHOD: Bailor Pump Air Lift
 G.P.M. (Feet Below Static) Time (Hours)

Date started	Date completed
10-14-1997	10-14-1997