

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. **69820**
Permit No. **212**
Basin **212**

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

NOTICE OF INTENT NO. **16513**

1. OWNER **Circle K Co seer**
MAILING ADDRESS **1515 E. Trappers Ave St 200**
L.V. N.V.

ADDRESS AT WELL LOCATION: **Circle K**
488 S. Valley View
L.V. N.V.

2. LOCATION **SE 1/4, NE 1/4 Sec 31 T 20 N 61 E** County **Clark**
PERMIT NO. **131-3-602-002** Parcel No. **131-3-602-002** Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

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

6. LITHOLOGIC LOG

Material	Water Strain	From	To	Thickness
Silt Sand		0	4	4
Caliche		4	6	2
Clay		6	10	4

8. WELL CONSTRUCTION
Depth Drilled: **18** Feet Depth Cased: **10** Feet

HOLE DIAMETER (BIT SIZE)
From **8** Inches To **10** Feet
Inches: **0** Feet **10** Feet
Inches: **0** Feet **10** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2 1/4		1/8	0	3

Perforations: **Factory Slicked**
Type perforation **020**
Size perforation **3**
From: **3** feet to **10** feet
From: **3** feet to **10** feet
From: **3** feet to **10** feet
From: **3** feet to **10** feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
Depth of Seal: **1** feet
Placement Method: Pumped Poured
Gravel Packed: Yes No
From: **1** feet to **10** feet

9. WATER LEVEL
Static water level: **8** 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: **Weber Drilling Services**
Address: **810 Sharp Circle**
N. Las Vegas NV 89030
Contractor
Nevada contractor's license number **38527**
issued by the State Contractor's Board: **38527**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller: **2057**
Signed: **[Signature]**
Date: **6-9-97**
By driller performing actual drilling on site or contractor

Date started: **5-8-97**
Date completed: **5-8-97**

7. WELL TEST DATA

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