

PRINT OR TYPE ONLY  
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**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. **12122**

1. OWNER **CALNEV Pipeline Company** ADDRESS AT WELL LOCATION **Corner of Valley View and Hacienda**  
 MAILING ADDRESS \_\_\_\_\_

2. LOCATION **SE 1/4 NE 1/4 Sec 30 T 21 N R 61 E Clark** County  
 PERMIT NO. **MO-2280** 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 \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Unsuccessfully attempted to pull casing from well				
Grouted well with cement/bentonite slurry to a depth of 35 feet below ground surface and allowed to set for 24 hours.				
Grouted well with cement/bentonite slurry to a depth of 5 feet below ground surface and allowed to set for 24 hours.				
Over drilled well to a depth of 20 feet below ground surface.				
Protective seal placed in well between a depth of 15 and 20 feet below ground surface.				
Original N.O.I. = 101761 RECEIVED				
OCT 27 1993				

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	Feet
From _____	To _____	_____
From _____	To _____	_____
From _____	To _____	_____

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

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

Date started **10/13**, 19**93**  
 Date completed **10/18**, 19**93**

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

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

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 **CONVERSE CONSULTANTS SOUTHWEST** Contractor  
 Address **4670 S. POLARIS AVE.** Contractor  
**LAS VEGAS, NV 89103**

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 **M-1589**

Signed **[Signature]** By driller performing actual drilling on site or contractor  
 Date **10/22/93**