



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. _____

1. OWNER CLARK COUNTY SCHOOL DISTRICT ADDRESS AT WELL LOCATION 5301 E. HACIENDA
 MAILING ADDRESS 2832 E. FLAMINGO LAS VEGAS NV 89122

2. LOCATION 1/4 Sec. 28 T 21 N/S R. 60 E CLARK County
 PERMIT NO. DW-1071 Issued by Water Resources K161-28-301-901-002-002 Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE dewater
 Domestic Irrigation Test Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC Air Other _____

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|----------------------------------------------------------------|--------------|------|----|-----------|
| ABANDON 6 DEWATER WELLS | | | | |
| filled with 6 yards of 9 sac cement slurry. | | | | |
| WELL LOCATIONS HAD NO EXCESS FOR DRILLING RIG TO PULL CASINGS. | | | | |
| <u>well #1</u> | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 30 Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 30
24" 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>14</u> | | <u>30</u> | | |

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 1/21/98, 19_____
 Date completed 1/21/98, 19_____

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|-------------------------------------------------------------------------------------------------|--------|-------------------------------|--------------|
| <input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | | | |
| | | | |
| | | | |
| | | | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
ALLEN DRILLING INC.
 Name _____ Contractor
 Address 4847 S. VALLEY VIEW Contractor
LAS VEGAS, NV 89103
 Nevada contractor's license number 18917 issued by the State Contractor's Board.
 Nevada driller's license number issued by the 1301 Division of Water Resources, the on-site driller.
 Signed Fred B. Allen
 By driller performing actual drilling on site or contractor
 Date 1-27-98