

OFFICE USE ONLY
 Log No. 75121
 Permit No. _____
 Basin 212

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. 41412

1. OWNER Interstate Properties ADDRESS AT WELL LOCATION: _____
 MAILING ADDRESS 1000 Quail St. Suite 190 7045 Ann Road
Newport Beach, CA 92660 Las Vegas, NV

2. LOCATION NW 1/4 NE 1/4 Sec. 34 T 19 N/S R. 60 E. Clark County
 PERMIT NO. ~~60964~~ 125-34-502-005 Parcel No. _____ Subdivision Name _____
Issued by Water Resources

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	Thick-ness
bail fill from well blockage in casing bail to 215 ft.				
perforate casing 50 ft. to 200 ft.				
install 2 7/8" hydrill tubing in well to 185 ft.				
pump neat cement to surface				
total volume 9 yds.				

8. WELL CONSTRUCTION
 Depth Drilled 300 Feet Depth Cased 300 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 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)

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 2/8/99 19____
 Date completed 3/9/99 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <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.

Name Layne Christensen Company Contractor
 Address 3515 Losee Road Contractor
North Las Vegas, NV 89030

Nevada contractor's license number issued by the State Contractor's Board: 0019101
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: 2080

Signed _____
 Date 3/19/99
By driller performing actual drilling on site or contractor

