

WELL DRILLER'S REPORT

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **18281**

1. OWNER **FARMER AGENCY**
MAILING ADDRESS: **3340 OCEAN PARK BLVD**
Suite 330, Santa Monica, CA 90405

ADDRESS AT WELL LOCATION **301, 307, 315 SOUTH DELTA BLVD AND HARPING LANE, LAS VEGAS, NV**

2. LOCATION **SW 1/4 NW 1/4 Sec 31 T. 20 N. R. 61 E. CLARK** County
PERMIT NO. **AG-2754** Issued by Water Resources **139-31-201-001-903,+204** Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other
4. Domestic Municipal/Industrial Irrigation Test Stock Cable Rotary RVC
 Monitor Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SANDY SILT w/Grain		0	5	5
CLAYEY SAND		5	6	1
CLAYEY SAND		6	9	3
SAND		9	10	1
CLAYEY SAND		10	25	15

8. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
2.5	2.5	2.5	2.5

HOLE DIAMETER (BIT SIZE)
5.25 Inches From 0 Feet To 2.5 Feet
Inches From 0 Feet To 2.5 Feet
Inches From 0 Feet To 2.5 Feet

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	0.72	0.154	0	2.5

CASING SCHEDULE

Perforations:
Type perforation **FARMER SCHEDULE PVC**
Size perforation **0.020"**
From **1/4** feet to **2.5** feet
From **1/4** feet to **2.5** feet
From **1/4** feet to **2.5** feet
From **1/4** feet to **2.5** feet

Surface Seal: Yes No Seal Type: Neat Cement
Depth of Seal **0-6** Cement Grout
Placement Method: Pumped Poured Concrete Grout
Gravel Packed: Yes No
From **8** feet to **2.5** feet

9. WATER LEVEL
Static water level: **17.8** feet below land surface
Artesian flow: **G.P.M.** P.S.I.
Water temperature: **°F** Quality: **Quality**

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name: **DAVE WILSON** G/O **CONVERSE**
Contractor
Address: **731 PILET RD, SUITE H LAS VEGAS, NV 89115**
Nevada contractor's license number **0034757**
Nevada driller's license number issued by the State Contractor's Board: **M-1589**

7. WELL TEST DATA

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

Date started **11/22** 19 **99**
Date completed **11/22** 19 **99**
Signed **Dave Wilson**
By driller performing actual drilling on site or contractor
Date **3/11/99**