WHITE - DIVISION OF WATER RESOURCES
CANARY - CLIENT'S COPY
PINK - WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES
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. 75332
Permit No.
Basin 212

NOTICE OF INTENT NO. 18503

1. OWNER Magic Wand Truck Stop
MAILING ADDRESS 1100 East Colton Avenue
North Las Vegas, NV 89030

ADDRESS AT WELL LOCATION East of Bruce Street on Farmer Bros. property, North Las Vegas, NV

2. LOCATION ___ NW 1/4 ___ SE 1/4 Sec. 11 T 20S N/S R 61E E Clark County
PERMIT NO. MO-2077A, MO-2038 (Issued by Water Resources) | 139-11-701-008 (Parcel No.) | V-5 (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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Attempted to pull casing; plugged well with neat cement.				

Date started 2/16/1999, 19__
Date completed 2/16/1999, 19__

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

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

8. WELL CONSTRUCTION
Depth Drilled ___ Feet Depth Cased ___ 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
From ___ feet to ___ feet
From ___ feet to ___ feet
From ___ feet to ___ feet

Surface Seal: ☐ Yes ☒ No
Depth of Seal ___
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout
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 ___

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Tom High c/o Converse Consultants (Contractor)
Address 731 Pilot Road, Suite H (Contractor)
Las Vegas, NV 89119
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-1869
Signed ___ (By driller performing actual drilling on-site or contractor)
Date 3/17/1999

USE ADDITIONAL SHEETS IF NECESSARY