



Log No. **75374**
 Permit No. **212**
 Basin **212**

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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. **18506**

1. OWNER **VILLAGE PROPERTIES** ADDRESS AT WELL LOCATION **6040 W. SPANG**
 MAILING ADDRESS **562 MISSION STREET, SUITE 201** **MOUNTAIN RD., LAS VEGAS, NV 89102**
SAN FRANCISCO, CA 94115

2. LOCATION **SW 1/4 MN 1/4 Sec. 13 T. 21 N. R. 60 E. CLARK** County
 PERMIT NO. **163-13-101-005**
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other.....
 4. PROPOSED USE **B-4**
 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
FILL TYPE 2		0	30	30
SAND		30	39.5	9.5
SANDY CLAY		39.5	59.5	20
CLAY W/SAND		59.5	71.5	12
SILTY SAND		71.5	85	13.5

NOTE: ONLY ONE WELL INSTALLED UNDER THIS INTENT CARD NUMBER.

8. WELL CONSTRUCTION
 Depth Drilled **85** Feet Depth Cased **85** Feet
 HOLE DIAMETER (BIT SIZE)
 From **5.25** Inches To **0** Feet **85** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	6.76	0.154	0	85

Perforations:
 Type perforation **FACTORY SLOTTED PVC.**
 Size perforation **0.020"**
 From **35** feet to **85** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped **BENTONITE**
 Poured **FROM 0-25'**
 Concrete Grout
 Gravel Packed: Yes No
 From **25** feet to **85** feet

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

Date started **2/9** 19**99**
 Date completed **2/9** 19**99**

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 **DON WILSON C/O CONVESE** Contractor
 Address **731 PILOT ROAD, SUITE H** Contractor
LAS VEGAS, NV 89119
 Nevada contractor's license number issued by the State Contractor's Board **0624757**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: **M-1589**
 Signed **Ronald J. [Signature]**
 By driller performing actual drilling on site or contractor
 Date **3/11/99**