

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. **18574**

1. OWNER **INTERSTATE BUSINESS PARK LLC** ADDRESS AT WELL LOCATION **5520 STEPHANIE ST.**
 MAILING ADDRESS **4570 S. EASTERN SU #28** **LAS VEGAS, NV 89122**
 2. LOCATION **S 1/4 SW 1/4 Sec. 27 21 N/S R. 62 E. CLARK** County
 PERMIT NO. **161-27-305-001** Issued by Water Resources Parcel No. 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Abandon 1 domestic well				
Static	20'			
Well depth @ 292'				
8 5/8" casing 0-?				
6" casing 22'-292'				
Perforate 6" casing 290' to 24'				
Perforate 8" casing 19' - 2'				
8" casing offered little resistance to mills knife perforation. It would appear that the outside cement seal did not exist.				
6" casing offered no resistance to mills knife perforation, casing completely deteriorated. Mills knife perforation, 4 holes every foot.				
14 yards 27 sack neat cement was trimmed into well before complete seal was obtained.				

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: **MILLS KNIFE**
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal _____ Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started **4-2-99**, 19____
 Date completed **4-5-99**, 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			

9. WATER LEVEL

Static water level: **20'** 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.
ALLEN DRILLING INC.
 Name _____ Contractor
 Address **4847 S. VALLEY VIEW** Contractor
LAS VEGAS, NV 89103
 Nevada contractor's license number **18916**
 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 **4-21-99**

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