

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. **759a0**  
Permit No. **215**  
Basin

PRINT OR TYPE ONLY  
DO NOT WRITE ON BACK

NOTICE OF INTENT NO. **18509**

1. OWNER **Broadbent & Assoc. c/o Seven Crown Resorts**  
MAILING ADDRESS **322 Lakeshore Road**  
**Boulder City, NV 89005**

ADDRESS AT WELL LOCATION **Echo Bay Resort, 64**  
**Northshore Road, Overton, NV 89040**

2. LOCATION **SE 1/4 SE 1/4 Sec. 6 T 19S**  
PERMIT NO. **740-360-019** Parcel No.

N/S R **R88E E** Clark County  
MW-3  
Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other

4.  Domestic  Municipal/Industrial

PROPOSED USE  
 Irrigation  Test  Stock  
 Monitor

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other **Auger**

LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Silty sand				19
Coarse sand with gravel	X	19	30	11

WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
29		29	

  

HOLE DIAMETER (BIT SIZE)			
Inches	From	To	Feet
8.5	0	29	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	0.64	0.154	0	29

Perforations:

Type perforation	Size perforation	From	To
Factory slot	0.020	9	29

Surface Seal:  Yes  No  
Depth of Seal **0-5'±-7' Bentonite**  
Placement Method:  Pumped  Poured  
Gravel Packed:  Yes  No  
From **7** feet to **29** feet

WATER LEVEL

9. Static water level **19.95** feet below land surface  
Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

DRILLER'S CERTIFICATION

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

Name **Thomas High c/o Converse Consultants**

Address **731 Pilot Road, Suite H**  
Contractor

**Las Vegas, NV 89119**

Nevada contractor's license number  
Issued by the State Contractor's Board **48947**

Nevada driller's license number issued by the  
Division of Water Resources **M-1869**

Signed \_\_\_\_\_

By driller performing actual drilling on-site or contractor

Date **6/28/99**

WELL TEST DATA

Date started **3/3/1999** \_\_\_\_\_ 19  
Date completed **3/3/1999** \_\_\_\_\_ 19

TEST METHOD:  Bailor  Pump  Air Lift  
 Draw Down (Feet Below Static) Time (Hours)