

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

OFFICE USE ONLY
Log No. **76417**
Permit No. **212**
Basin **CLARK**

NOTICE OF INTENT NO. **17123**

1. OWNER **CLARK COUNTY - GENERAL SERVICES DEPT** ADDRESS AT WELL LOCATION: **285 S MARTIN LUTHER KING Blvd LAS VEGAS, NV 89155-1733**
 2. LOCATION **NW 1/4 NE 1/4 Sec. 33 T 20 N/S R 61 E** **CLARK** County
 PERMIT NO. **139-33-501-009** Parcel No. **MM-3**
 Issued by Water Resources Subdivision Name

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

6. LITHOLOGIC LOG
 Material Water Strain From To Thick-ness
ABANDON

8. WELL CONSTRUCTION
 Depth Drilled: _____ Feet Depth Cased: _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 Inches _____ Feet _____
 Inches _____ Feet _____
 Inches _____ 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

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

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

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

Name **SPECTRUM EXPLORATIONS, INC**
 Contractor **GEMINI LANE**
 Address **16662 GEMINI LANE**
 Contractor **HUNT HILTON BEACH CA 92674**

Nevada contractor's license number **34699**
 Issued by the State Contractor's Board.
 Nevada driller's license number issued by the **M 2059**
 Division of Water Resources, the on-site driller
 Signed **[Signature]**
 Date **Aug 12-99**
 By driller performing actual drilling on site or contractor

Date started **July 20 1999**
 Date completed **July 20 1999**

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