



PRINT OR TYPE ONLY
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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. 1655

1. OWNER Darby Neagle ADDRESS AT WELL LOCATION South of D-I on Segment E
 MAILING ADDRESS L.G. NV.

2. LOCATION 1/4 Sec. 10 T 21 N 62 E Clark County
 PERMIT NO. 161105 Issued by Water Resources Parcel No. 161-10-407-008 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 Bucket

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Dirt</u>		<u>0</u>	<u>8</u>	
<u>Smudgy clay</u>				
<u>Small gravel</u>		<u>8</u>	<u>12</u>	
<u>Smudgy clay</u>		<u>12</u>	<u>24</u>	
<u>Small gravel</u>		<u>24</u>	<u>28</u>	
<u>Clay w/ gravel</u>		<u>28</u>	<u>30</u>	

8. WELL CONSTRUCTION
 Depth Drilled 30 Feet Depth Cased 30 Feet

HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 30 Feet
 From 0 Feet To 30 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>PVC</u>	<u>sch 40</u>	<u>0</u>	<u>30</u>

Perforations:
 Type perforation slot
 Size perforation .032
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From 10 feet to 30 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped Poured
 Poured

Gravel Packed: Yes No
 From 0 feet to 30 feet

9. WATER LEVEL
 Static water level 9 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 COC Contractor
 Address 536 E. Mitchell Contractor
Outario CA

Nevada contractor's license number 31246 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1968

Signed [Signature]
 By [Signature] performing actual drilling on site or contractor
 Date 11-2-99

Date started 11-2 1999
 Date completed 11-2 1999

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

