WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

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. 78610
Permit No. 58716
Basin 212

NOTICE OF INTENT NO. 19483

1. OWNER Nightingale Overseas Col LMTD
MAILING ADDRESS 10840 Haven St.
P.O. Box ~~99~~ 97976 LV NEV. 89193

ADDRESS AT WELL LOCATION
10840 Haven St.
LV NEV. 89193

2. LOCATION SE ¼ NW ¼ Sec. 33 T. 22S N/S R. 61 E. Clark County
PERMIT NO. 58716 (Issued by Water Resources) 177-33-202-011 (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 10TON PUMP TRUCK

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
ABANDON WELL 27 SACK NEAT CEMENT FROM BOTTOM UP AFTER PERFORATED FROM 425 Ft up to 50 Ft. 4 Times around every foot.				
Bottom of Hole at this time is 425Ft.				

Date started 2/4/2000, 19
Date completed 2/6/2000, 19

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

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

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

HOLE DIAMETER (BIT SIZE)
____ Inches ____ Feet (From) ____ Feet (To)
____ Inches ____ Feet ____ Feet
____ Inches ____ Feet ____ 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
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level 185 feet below land surface
Artesian flow ____ G.P.M. ____ P.S.I.
Water temperature ward °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 Vernon H. Dimick (Contractor)
Address 5360 Bonita Vista (Contractor)
Las Vegas, Nev. 89149

Nevada contractor's license number issued by the State Contractor's Board 10062

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 552

Signed V H Dimick
By driller performing actual drilling on site or contractor

Date 2-7-2000

RECEIVED FEB 7 2000

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY (O)-627