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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. 41413

1. OWNER Nellis AFB/Dames and Moore ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 7115 Amigo St. Suite 110 North East corner of Range RD. and
Las Vegas, NV. 89119 North Las Vegas Blvd. N. Las Vegas, NV
 2. LOCATION NW 1/4 NW 1/4 Sec. 3 T. 20 N/S R. 62 E Clark County _____
 PERMIT NO. _____ 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	Thick-ness
<u>12/13/99</u>				
<u>Neat Cement was pumped through 2 7/8" tubing from the bottom to the top. Total of six yards of cement</u>				
<u>Tubing was set to a depth of 100 feet.</u>				
<u>Well depth 110 feet</u>				
<u>wire tap screen 20 feet to 110 feet</u>				
<u>Casing size 10" ID</u>				

8. WELL CONSTRUCTION
 Depth Drilled 110 Feet Depth Cased 110 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)
<u>10</u>				

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

Depth of Seal _____
 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. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 12/13/99 19____
 Date completed 12/13/99 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
Layne Christensen, Co
 Name _____ Contractor
 Address 5247 Manzanita Dr. Contractor
Elko, NV 89801
 Nevada contractor's license number issued by the State Contractor's Board 0019101
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2080
 Signed _____
 By driller performing actual drilling on site or contractor
 Date Jan 10, 2000

