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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. 19231

1. OWNER Terrible Herbst Oil Co. ADDRESS AT WELL LOCATION 2118 E. Tropicana  
MAILING ADDRESS Las Vegas, Nevada

2. LOCATION SE 1/4 SW 1/4 Sec. 24 T 21 N R 61 E County Clark  
PERMIT NO. 162-24-402-012

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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Type II		0	2	2
Silty Sand w/gavel		2	13	11
Clay		13	16	3
Silty Sand w/Clay	20	16	30	14

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

HOLE DIAMETER (BIT SIZE)  
From 10 Inches To 30 Feet  
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)
4 7/8		7/8	0	15

Perforations: Factory Slotted  
Type perforation  
Size perforation 0.030  
From 15 feet to 30 feet  
From feet to feet  
From feet to feet  
From feet to feet

Surface Seal:  Yes  No Seal Type:  
Depth of Seal 13  Neat Cement  
Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
Gravel Packed:  Yes  No  
From 12 feet to 30 feet

9. WATER LEVEL  
Static water level 20 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 MCS  
Address 1930 Village Center Circle St-3-382  
Las Vegas, Nevada 89134  
Nevada contractor's license number 47851  
issued by the State Contractor's Board  
Nevada driller's license number issued by the 2057  
Division of Water Resources, the on-site driller.  
Signed [Signature]  
By driller performing actual drilling on site or contractor  
Date 5-16-01

Date started 6-17-2000  
Date completed 6-17-2000

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

