

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. 24697
Permit No. 212
Basin: _____

NOTICE OF INTENT NO. 21046

1. OWNER

Chevron

MAILING ADDRESS PO Box 2833

Las Vegas, NV 89033

ADDRESS AT WELL LOCATION

151 N Decker Blvd.

2. LOCATION N E 1/4 NE 1/4 Sec 25 T 26 N R 60 E

Clark County

PERMIT NO. 13825503005

Subdivision Name _____

3. WORK PERFORMED

- New Well Replace Recondition
 Deepen Abandon Other _____

4. Domestic Municipal/Industrial

- Irrigation Test Stock
 Monitor Air Other Auger

5. WELL TYPE

- Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strain	From	To	Thickness
<u>Bottom cap was</u>				
<u>knotted out ORC</u>		<u>0'</u>	<u>25'</u>	
<u>was poured</u>				
<u>Down then</u>				
<u>was pulled add</u>				
<u>cement was pumped</u>				
<u>to surface</u>				

8. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
HOLE DIAMETER (BIT SIZE)			
Inches	Feet	Inches	Feet
Inches	Feet	Inches	Feet
Inches	Feet	Inches	Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.5"</u>		<u>5/8"</u>	<u>40'</u>	<u>25'</u>

Perforations:

Type perforation _____

Factory slot

Size perforation _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No

Seal Type: Neat Cement

Depth of Seal _____
Placement Method: Pumped Concrete Grout
 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 _____

DRILLER'S CERTIFICATION

10. This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Redding Contractor

Drilling

Address 8170 Haver Contractor

NV

Los Vegas

Nevada contractor's license number 38155

issued by the State Contractor's Board

Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1869

Signed _____
By driller performing actual drilling on site or contractor

Date 11-19-01

7. WELL TEST DATA

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

Date started Nov 1, 2001 19____
Date completed Nov 1, 2001 19____

LAS VEGAS OFFICE

NOV 27 2001

R-1074 Waiver

For the ORC

DCNR/DWR RECEIVED