

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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. 15872
R-1095

1. OWNER ROBERT A GOMEZ ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 6340 EUSABEEN LAS VEGAS NV 3685 OQUENDO LAS VEGAS NV
2. LOCATION S1E 1/4 NW 1/4 Sec. 31 T. 21 N. R. 62 E CLARK County
PERMIT NO. R-1095 161-31-202-003 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 | Thickness |
|---|--------------|------|----|-----------|
| <u>SOUND WELL - 165'</u> | | | | |
| <u>OBSTRUCTION IN WELL PREVENTED PERFORATING BELOW 137'</u> | | | | |
| <u>PERFORATES FROM 137' TO 90'</u> | | | | |
| <u>PUMPED 6 YARDS NEAT CEMENT FROM BOTTOM TO 5' BELOW SURFACE</u> | | | | |
| <u>SET CASING AT 5' AND BACKFILLED</u> | | | | |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

| From | | To | |
|--------------|------------|------------|------------|
| _____ Inches | _____ Feet | _____ Feet | _____ Feet |
| _____ Inches | _____ Feet | _____ Feet | _____ Feet |
| _____ Inches | _____ Feet | _____ 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

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

Date started 2-12-02, 19____
Date completed 2-20-02, 19____

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 | | | |
| | | | |
| | | | |
| | | | |
| | | | |

9. WATER LEVEL

Static water level _____ 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 B.L. WEBER GROUP INC Contractor
Address 4145 ARCTIC SPRING LAS VEGAS NV 89115 Contractor

Nevada contractor's license number issued by the State Contractor's Board 035869

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2024-T2

Signed Allen H. ... By driller performing actual drilling on site or contractor

Date 2-20-02

