

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. 23138

1. OWNER ANGEL MEDINA ADDRESS AT WELL LOCATION 5200 VEGAS DR
 MAILING ADDRESS HAS VEGAS NV HAS VEGAS NV

2. LOCATION SW 1/4 SE 1/4 Sec. 24 T. 20 N. R. 60 E. CLARK County
 PERMIT NO. R1083 138-24-801-027 Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Domestic Irrigation Test
 Deepen Abandon Other..... Municipal/Industrial Monitor Stock

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>NEAT CEMENT</u>		<u>APPROX</u>	<u>250</u>	<u>0</u>
<u>PUMP - APPROX 4 1/2 YARDS</u>				
<u>NEAT CEMENT GRout</u>		<u>189</u>	<u>0</u>	
<u>AS PER WAIVER #</u>		<u>R-1083</u>		

DCNR/DWR
RECEIVED
JAN 22 2002
LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled.....Feet Depth Cased.....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>8 5/8</u>				

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 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 APPROX 146 feet below land surface
 Artesian flow.....G.P.M. (P.S.F.)
 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 WATER WELL SERVICES Contractor
 Address 6425 GARY AVE Contractor
HAS VEGAS NV 89139
 Nevada contractor's license number issued by the State Contractor's Board 0022311C
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1594
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 1/17/02

Date started 1/17 1902
 Date completed 1/17 1902

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			