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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. **22131**

1. OWNER **LAS VEGAS CATHOLIC ROMAN CHURCH** ADDRESS AT WELL LOCATION **1920 N. MARTIN LUTHUR**
 MAILING ADDRESS **PO BOX 18316** **KING BLVD.**
LAS VEGAS, NV 89114-8316 **LAS VEGAS, NV**

2. LOCATION **NW 1/4 SE 1/4 Sec. 21 T 20 N/S R 61 E CLARK** County
 PERMIT NO. **139-21-701-006** **KBA** Subdivision Name _____

Issued by Water Resources Parcel No. _____

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 |
|---|--------------|------|------|------------|
| Abandon 1- 125' well | | | | |
| Drill to 125' with 6" bit | | | | |
| Rock, wood, trash | | 10' | 45' | 35' |
| Open hole | | 39' | 93' | 58' |
| Tan & Green clay | | 93' | 125' | 32' |
| Drilled up numerous pieces of casing | | | | |
| Pour via triamite pipe 3 yards of 27 sack/130 gallons of water per yard | | | | |

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) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 8" | | | | |

Perforations:

Type perforation _____
 Size perforation _____

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 _____

10. DRILLER'S CERTIFICATION

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

Name **ALLEN DRILLING INC.** Contractor
 Address **4847 S. VALLEY VIEW** Contractor
LAS VEGAS, NV 89103

Nevada contractor's license number issued by the State Contractor's Board **18917**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1301**

Signed *Allen B. Allen*
 By driller performing actual drilling on site of contractor

Date _____

Date started **September 5, 2001** 19____
 Date completed **September 6, 2001** 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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