

88425
 OFFICE USE ONLY
 Log No. 88425
 Permit No. _____
 Basin. 2/24

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. 24131

1. OWNER Hollis Berry ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____ Mount Logan Cabin Way & Mt. Charleston Rd.

2. LOCATION NE 1/4 SW 1/4 Sec. 3 T 19S N/S R 59 E Clark County _____
 PERMIT NO. 126-03-301-008
 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
Loose Gravel		0	10	
Cemented Gravel		10	235	
Clay & Gravel		235	485	
Cemented Gravel		485	740	
Clay & Gravel		740	860	
Clay Gravel & Water	xx	860	870	
Cemented Gravel		870	960	
Cemented Gravel	xx	960	980	
Cemented Gravel		980	1060	
Cemented Gravel & Water	xx	1060	1090	
Cemented Gravel		1090	1125	

9-CLAY-11
 MAR 21 2003
 LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 1125 Feet Depth Cased 1125 Feet

HOLE DIAMETER (BIT SIZE)
 12 1/4 ^{From} 50 ^{To}
 _____ Inches _____ Feet _____ Feet
 9 7/8 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8 5/8	16.94	.188	+2	1125

Perforations:
 Type perforation Torch
 Size perforation 3/16 x 3 row
 From 1085 feet to 1105 feet
 From 1045 feet to 1065 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 80 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 7.75 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 60.0 °F Quality _____

Date started 2/24/03, 19____
 Date completed 3/22/03, 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Vernon H. Dimick Contractor
 Address 5360 N. Bonita Vista St. Contractor
Las Vegas, Nev. 89149
 Nevada contractor's license number issued by the State Contractor's Board 10062
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 552
 Signed VH Dimick
 By driller performing actual drilling on site or contractor
 Date 03-25-03