

PRINT OR TYPE ONLY
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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

24784

NOTICE OF INTENT NO. _____

1. OWNER FREEMER CONSTRUCTION ADDRESS AT WELL LOCATION OWENS & F ST.
 MAILING ADDRESS 4040 FREEMER RD. (ROAD PARCEL) LAS VEGAS, NV
LAS VEGAS, NV 89030

2. LOCATION SW 1/4 SW 1/4 Sec 22 T. 20 N/S R. 61 E. CLARK County
 PERMIT NO. DW1139 139-22-899-004 Parcel No. Subdivision Name _____
 Issued by Water Resources

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other Dewater

4. PROPOSED USE Dewater
 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
<u>4-40' Dewater wells</u>				
<u>Type II road base</u>		<u>0'</u>	<u>1'</u>	<u>1'</u>
<u>Silt</u>		<u>1'</u>	<u>9'</u>	<u>8'</u>
<u>Caliche</u>		<u>9'</u>	<u>14'</u>	<u>5'</u>
<u>White silty clay</u>	<u>x</u>	<u>14'</u>	<u>35'</u>	<u>21'</u>
<u>white clay</u>		<u>35'</u>	<u>40'</u>	<u>5'</u>

8. WELL CONSTRUCTION 40'
 Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
24" Inches _____ 0' Feet _____ 40' Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>14</u>	<u>36.71</u>	<u>1.250</u>	<u>0'</u>	<u>40'</u>

Perforations: Machine
 Type perforation _____ 1/4" x 2-1/2" x 3 rows @ 13'
 Size perforation _____ 40'

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
 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 _____

Date started 6/16/03, 20 ____
 Date completed 6/18/03, 20 ____

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.
ALLEN DRILLING INC.
 Name _____
 Address 4015 West Tompkins Ave.
LAS VEGAS, NV 89103

Nevada contractor's license number 18917
 issued by the State Contractor's Board

Nevada driller's license number issued by the 1301
 Division of Water Resources, the on-site driller

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

Date _____