

OFFICE USE ONLY
 Log No. 89796
 Permit No. _____
 Basin. 212
 WAIVER R-158
 NOTICE OF INTENT NO. 25108

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

1. OWNER WEIGL JAMES ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 2620 S. MARYLAND PARKWAY #107 LAS VEGAS NV 89109 7151 LINDEN AVE SUNRISE MANOR NV
 2. LOCATION NW 1/4 NE 1/4 Sec. 35 T. 20 N. R. 62 E CLARK County
 PERMIT NO. 140-48202 140-35-601-003 Subdivision Name _____
Issued by Water Resources Parcel No.

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

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
BAILED WELL TO 451'				
PERFORATED FROM 450' TO 324'				
PERFORATOR GOT STUCK IN CASING AND WE WERE NOT ABLE TO DIS-LOG IT.				
LEFT PERFORATOR IN WELL AND RAN 6 YARDS OF NEAT CEMENT FROM BOTTOM TO SURFACE.				
CUT CASING @ 5' AND BACKFILLED				
DCNR/DWR RECEIVED				
JUN 2 2003				
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)

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

Date started 5-20, 2003
 Date completed 6-6, 2003

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

9. WATER LEVEL

Static water level 223' 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 035639
 Nevada driller's license number issued by the Division of Water Resources the on-site driller R+P/TO 2220
 Signed Colleen L. Hoyle
 By driller performing actual drilling on site or contractor
 Date 6-23-03