

OFFICE USE ONLY  
 Log No. 90096  
 Permit No. \_\_\_\_\_  
 Basin 212  
 NOTICE OF INTENT NO. 25002

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 Dave Mason ADDRESS AT WELL LOCATION 1117 Rancho Rd  
 MAILING ADDRESS 516 So. 6th St. Las Vegas NV 89101  
 2. LOCATION nrw 1/4 nrw 1/4 Sec. 4 T. 21 N/S R. 61 E Clark County  
 PERMIT NO. 112-04-101 021 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 |
|--------------------|--------------|------|---------------|-----------|
| <u>Pumped with</u> |              |      |               |           |
| <u>Neat Cement</u> |              |      |               |           |
| <u>From Bottom</u> |              |      |               |           |
| <u>To Surface</u>  |              |      |               |           |
| <u>Total Depth</u> |              |      | <u>49 Ft.</u> |           |

CONTRACTOR RECEIVED  
 7-10-03  
 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</u>           |                     |                         | <u>+6"</u>  | <u>UNK</u> |

 Perforations:  
 Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_  
 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 7-9-03 19\_\_\_\_  
 Date completed 7-9-03 19\_\_\_\_

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 |        |                               |              |
|   |        |                               |              |
|   |        |                               |              |
|   |        |                               |              |

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 Bedding Drilling Contractor  
 Address 5355 BLUE Diamond Rd #4 Las Vegas NV 89139 Contractor  
 Nevada contractor's license number 38155 issued by the State Contractor's Board  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1617  
 Signed Flaub Mitchell  
 By driller performing actual drilling on site or contractor  
 Date 7-10-03

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