

OFFICE USE ONLY
 Log No. 90145
 Permit No. _____
 Basin 212

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. 25199

1. OWNER SATTERFIELD, Nick + Barbara ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 624 N. ORLEANS ST SAME
HENDERSON NV
 2. LOCATION SE 1/4 NE 1/4 Sec. 04 T. 22 N. R. 63 E CLARK County
 PERMIT NO. LOG 58784 179-04-606-005 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
<u>BALLED TO BOTTOM @ 495'</u>				
<u>PERFORATE FROM 495' TO 195'</u>				
<u>RUNNER 6 YARDS OF NEAT CEMENT FROM BOTTOM TO SURFACE</u>				
<u>CUT CASING AT 5 FEET AND BACKFILL</u>				
<u>DNR/DWR RECEIVED</u>				
<u>AUG 23 2003</u>				
<u>LAS VEGAS OFFICE</u>				

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>PLUGGED BY GWMP</u>				
<u>ORIG/PLUG LOG # 90145</u>				

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 _____

Date started 8-5, 2003
 Date completed 8-12, 2003

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			

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. WEAVER GROUP INC. Contractor
 Address 4145 ARCTIC SPRING Contractor
LAS VEGAS NV 89115
 Nevada contractor's license number issued by the State Contractor's Board 035659
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller R-PL10 2220
 Signed Allen L. Weaver
 By driller performing actual drilling on site or contractor
 Date 8-23-03