

WELL DRILLER'S REPORT

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 90244
Permit No. 212
Basin: _____

NOTICE OF INTENT NO. 23595

1. OWNER Amir Development

ADDRESS AT WELL LOCATION
1501 N. Decatur Blvd L.V., NV
JHY Smea
Clark

2. LOCATION NE 1/4 NE 1/4 Sec 25 T 80 NDR 60 E County Clark
PERMIT NO. 138-25-503-006 Parcel No. _____
Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other _____ Municipal/Industrial Monitor Stock Air Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Abandoned (12) wells total</u>				
<u>4-2" wells</u>				
<u>8-4" wells</u>				
<u>to ADWR</u>				
<u>regulations</u>				

8. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
HOLE DIAMETER (BIT SIZE)			
_____	Inches	_____	Feet
_____	Inches	_____	Feet
_____	Inches	_____	Feet

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 Perforated
Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level: _____ feet below land surface
Artesian flow _____ G.P.M. P.M.L.
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 Layne Christensen Co. Contractor
Address 1707 S. 4490 W Contractor
Salt Lake City, Utah 84104

Nevada contractor's license number 00919101
issued by the State Contractor's Board.
Nevada driller's license number issued by the 2057
Division of Water Resources the on-site driller Brian J. Jensen

Signed [Signature] By driller performing actual drilling on site or contractor
Date 5-17-03

7. WELL TEST DATA
TEST METHOD: Baler Pump Air Lift
G.P.M. _____ Draw Down (feet Below Static) _____ Time (Hours) _____

Date started 5-17-03, 19____
Date completed 5-17-03, 19____