

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. 25285

1. OWNER GRIPENTOG GARY L/MYERS-GRIPENTOG ADDRESS AT WELL LOCATION 6325 W CACTUS AVE  
 MAILING ADDRESS 10325 EL CAMINO RD LAS VEGAS, NV  
 2. LOCATION NW NE 1/4 Sec. 35 T. 22 N/S R. 60 E. CLARK County  
 PERMIT NO. 57598 176-35-501-023 AMERICAN ASPHALT  
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 QM

Material	Water Strata	From	To	Thick-ness
<u>Plug 1-520' well</u>				
<u>Depth 520'</u>				
<u>Static water level 360'</u>				
<u>Perforate from 300' to 520'</u>				
<u>Trimmie 5-yards of W171 slurry to 290'</u>				
<u>Place gravel at 290' to 30'</u>				
<u>Top off with 30' to top sand and cement slurry</u>				
<u>Plugging of log 45971</u>				

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	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
From _____	feet to _____	feet
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

DCNR/DWR  
 RECEIVED  
 OCT 20 2003

LAS VEGAS OFFICE

Date started..... 9/18/03 ....., 20.....  
 Date completed..... 9/18/03 ....., 20.....

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

Nevada contractor's license number issued by the State Contractor's Board 18917  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1301

Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 10/16/03