

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

NOTICE OF INTENT NO. 24501

OFFICE USE ONLY
Log No. 40994
Permit No. 21A
Basin

1. OWNER Carl Bailey Peden Oil Comp ADDRESS AT WELL LOCATION 1720 W. GARDEN BLVD
MAILING ADDRESS 3300 S. HANCOCK DR LAS VEGAS, NV
LAS VEGAS, NV 89109-4624 OR 61 F AIRY County
2. LOCATION ST 1/4 SW 1/4 Sec 33 T 20 PERDRI STATION # 165 Subdivision Name
PERMIT NO. 13013346000 Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE
 Domestic Municipal/Industrial
 Irrigation Test Stock
 Monitor Air Other USA

5. WELL TYPE
 Cable Rotary RVC
 Other USA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>PRESSURE GROUT</u>			<u>0</u>	<u>35'</u>
<u>WELL DRILL</u>				
<u>OUT BOX</u>				
<u>CONCRETE SURFACE</u>				

8. WELL CONSTRUCTION

Depth Drilled 35 Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From	To	From	To
<u>6</u> Inches	<u>6</u> Inches	<u>35</u> Feet	_____ Feet
_____ Inches	_____ Inches	_____ Feet	_____ Feet
_____ Inches	_____ Inches	_____ Feet	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

5. 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

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 WDB Exploration Contractor

Address 1421 S 39th AV

PHOENIX AZ 85009 Contractor

Nevada contractor's license number 6019653

issued by the State Contractor's Board

Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2183

Signed WDB

Date 5/28/03 By driller performing actual drilling on site or contractor

7. WELL TEST DATA

Date started 5/28/03, 20 _____

Date completed 5/28/03, 20 _____

TEST METHOD: Bailor Pump Air Lift

G.P.M. (Feet Below Static) _____ Time (Hours) _____