

PRINT OR TYPE ONLY  
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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. 25180

1. OWNER Townes Family Trust ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 3675 E. Quail Ave. 3675 E. Quail Ave  
Las Vegas, NV. 89120-2527 Las Vegas, NV. 89120-2527  
 2. LOCATION NE 1/4 NW 1/4 Sec 31 T. 21 N. R. 62 E Clark County  
 PERMIT NO. Log # 59963 | 161-31-105-005 | \_\_\_\_\_  
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other Plugging

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>Sounded bottom @ 305</u>				
<u>Perforated casing from 300' to 50'</u>				
<u>pumped 6 yds neat cement from bottom to surface</u>				
<u>cut casing @ slab</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)

**PLUGGED BY GWMP**  
ORIG/PLUG LOG # 59763

Perforations:  
 Type perforation \_\_\_\_\_  
 Size perforation \_\_\_\_\_

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

Date started 9-4-03, 20\_\_\_\_\_  
 Date completed 9-11-03, 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 12 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 B.L. Weber Group Contractor  
 Address 4145 Arctic Spring Contractor  
Las Vegas, NV. 89113  
 Nevada contractor's license number issued by the State Contractor's Board 035639  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller R1460 2248  
 Signed [Signature]  
 By drilling performing actual drilling on site or contractor  
 Date 10-23-03

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