

OFFICE USE ONLY
Log No. 91806
Permit No. _____
Basin 212
NOTICE OF INTENT NO. 88042

2 WELLS

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

1. OWNER BOB DENINO ADDRESS AT WELL LOCATION 7311 S. EASTERN AVE. LAS VEGAS, NV
MAILING ADDRESS P.O. BOX 711
DALLAS TX 75221
2. LOCATION NW 1/4 NW 1/4 Sec. 12 T. 22 N/S R. 61 E. CLARK County
PERMIT NO. 177-12-110-001 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

Material	Water Strata	From	To	Thickness
<u>REMOVE WELL VAULT</u>				
<u>ATTEMPT TO pull CASINGS, without</u>				
<u>SUCCESS.</u>				
<u>ABANDON WELL FROM BOTTOM</u>				
<u>TO TOP WITH NEAT CEMENT.</u>				
RECEIVED				
NOV 14 2003				
LAS VEGAS OFFICE				

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)

Perforations:
Type perforation _____
Size perforation _____
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal _____ Neat Cement
Placement Method: Pumped Poured Cement Grout
 Concrete Grout
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 EAGLE DRILLING Contractor
Address 7150 PLACID ST. Contractor
LAS VEGAS NV 89119

Nevada contractor's license number issued by the State Contractor's Board 51266
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2202

Signed [Signature]
By driller performing actual drilling on site or contractor
Date 11/12/03

Date started 11/10, 2003
Date completed 11/10, 2003

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	