WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 92536
Permit No. 35979
Basin 212

NOTICE OF INTENT NO. 26032

1. OWNER Fuzzy Duckling Creative Child
MAILING ADDRESS 4060 E Patrick Ln
Las Vegas NV. 89120-3928
ADDRESS AT WELL LOCATION same

2. LOCATION SE ¼ NE ¼ Sec. 31 T 21 N/S R 62 E Clark County
PERMIT NO. 35979 (Issued by Water Resources) Log# 22181 | 161-31-603-028 (Parcel No.) | Subdivision Name

3. WORK PERFORMED
☐ New Well ☐ Replace ☐ Recondition
☐ Deepen ☐ Abandon ☒ Other Plug

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
Sanded Bottom @ 368 feet				
Perforated from 200 feet to 50 feet				
Pumped 9 yards of neat cement from bottom to surface				
cut casing 3 feet below surface and back filled				

DWR
RECEIVED
MAR 2004
LAS VEGAS OFFICE

Date started 01-30-, 2004
Date completed 03-08-, 2004

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
QM
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
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level Artesian 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 89115
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 R + P 2248
Signed Jorge Monreal (By driller performing actual drilling on site or contractor)
Date 03-08-04

(Rev. 12-01) USE ADDITIONAL SHEETS IF NECESSARY (O)-627