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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. 25935

1. OWNER ATLANDIA DESIGN ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 2060 INDUSTRIAL RD. 3600 S. LV BLVD
LAS VEGAS, NV 89109 LAS VEGAS NV
 2. LOCATION SW 1/4 NE 1/4 Sec. 20 T 21 N/S R. 61 E CLARK County
 PERMIT NO. R-1218 P61900 1162 20 501 002 Issued by Water Resources Parcel No. Subdivision Name

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

4. PROPOSED USE Recreation
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
① REMOVE PUMP FROM WELL				
② PERFORATE CASING FROM 140' BELOW GROUND SURFACE TO 70' WHICH IS THE DEPTH OF THE SEAL. PERFORATIONS WERE MADE W/ MILLS KNIFE 6 TIMES PER LINEAR FOOT, AND MEASURE 3" LONG X 3/8" WIDE.				
③ ABANDON WELL FROM BOTTOM TO TOP W/ 24 SAC NEAT CEMENT, PUMPED THROUGH 3" PIPE. CEMENT PUMPED BY BEDROCK PUMPS AND SUPPLIED BY RINKER MATERIALS.				
CONCRETE				
SAND				
ADJACENT 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:
 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 _____

Date started _____ 12-17, 2004
 Date completed _____ 1-29, 2004

7. WELL TEST DATA

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

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 SERVICES 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 _____ by driller performing actual drilling on site or contractor
 Date 4-14-04

