

OFFICE USE ONLY  
 Log No. **93247**  
 Permit No. **212**  
 Basin **212**

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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. **24843**

1. OWNER **Converse Consultants** ADDRESS AT WELL LOCATION **1131 E. Tropicana Ave. Las Vegas NV**  
 MAILING ADDRESS **731 Pilot rd Las Vegas NV 89118**  
 2. LOCATION **NE 1/4 NE 1/4 Sec. 27 T. 21 N/S R. 61 E Clark** County  
 PERMIT NO. **162-275-02-004** Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  Deepen  Abandon  Other  
 4. PROPOSED USE  
 Domestic  Municipal/Industrial  Irrigation  Monitor  Test  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  Air  Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Asphalt		0	6"	.5
Sand & gravel		6"	6.5'	5.5
Caliche		6.5	16.5	10
Gravel w/clay	13'	16.5	20	3.5
Sandy clay		20	28'	8'

DCNR/DWE RECEIVED  
 MAY 21 2004  
 LAS VEGAS OFFICE

8. WELL CONSTRUCTION  
 Depth Drilled **28** Feet Depth Cased **28** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **5** Inches To **0** Feet **28'** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"	PVC	Shc 40	0	28'

Perforations: **Factory slot**  
 Type perforation  
 Size perforation **.020**  
 From **8** feet to **28'** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **9' to surface**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **8** feet to **28'** feet

9. WATER LEVEL  
 Static water level **13** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **May 12**, 2004  
 Date completed **May 12**, 2004

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)	

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **Elite Drilling Inc.**  
 Address **5115 S. Industrial rd #104 Las Vegas NV 89118**  
 Nevada contractor's license number issued by the State Contractor's Board **0054931**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **M-1869**  
 Signed **[Signature]**  
 By driller performing actual drilling on site or contractor  
 Date **May 14, 2004**