

OFFICE USE ONLY
 Log No. 94283
 Permit No. _____
 Basin. 212

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

NOTICE OF INTENT NO. 26732

1. OWNER Avece Higbee ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____ 5960 N. Campbell

2. LOCATION NE 1/4 SW 1/4 Sec. 29 T. 19S N/S R. 60 E. Clark County _____
 PERMIT NO. 125-29-303-008 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	Thick-ness
Gravel		0	35	
Cemented Gravel		35	85	
Clay & Gravel		85	175	
Gravel & Water	xxx	175	190	
Cemented Gravel		190	245	
Gravel & Water	xx	245	250	
Clay & Gravel		250	400	
Sand & Gravel & Water	xx	400	480	
Cemented Gravel		480	580	
Gravel & Water	xx	580	605	

8. WELL CONSTRUCTION

Depth Drilled 605 Feet Depth Case 605 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>12 1/4</u> Inches	<u>0</u> Feet <u>50</u> Feet
<u>9 7/8</u> Inches	<u>50</u> Feet <u>605</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>	<u>16.94</u>	<u>.188</u>	<u>+2</u>	<u>5</u>
<u>8 1/2</u>	<u>SCH 40</u>	<u>Plastic</u>	<u>5</u>	<u>50</u>
<u>6 1/2</u>	<u>SRD</u>	<u>PVC</u>	<u>+1</u>	<u>605</u>

Perforations:

Type perforation ~~xxxxx~~ Saw Cut
 Size perforation 1/8" x 8" 3 times around
 From ~~524~~ 545 feet to ~~584~~ 585 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 55
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL

Static water level 138 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cold °F Quality _____

Date started 09/2/04, 20 _____
 Date completed 9/9/04, 20 _____

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 Vernon H. Dimick Contractor
 Address 5360 N. Bonita Vista St. Contractor
Las Vegas, Nevada 89149

Nevada contractor's license number issued by the State Contractor's Board 10062
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 552

Signed V.H. Dimick
 By driller performing actual drilling on site or contractor
 Date 09-09-04