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 - DIVISION OF WATER RESOURCES  
 - CLIENT'S COPY  
 - WELL DRILLER'S COPY

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. **94725**  
 Permit No. \_\_\_\_\_  
 Basin **212**  
 NOTICE OF INTENT NO. **26647**

PRINT OR TYPE ONLY

1. OWNER **HORTON D R INC.** ADDRESS AT WELL LOCATION **2119 E WIGWAM AVE.**  
 MAILING ADDRESS **6845 ESCONDICO ST** **LAS VEGAS, NV**  
**LAS VEGAS, NV 89119**

2. LOCATION **NW 1/4 SE 1/4 Sec 14 T 22 S R 61 E** **CLARK** County  
 PERMIT NO. **177-14-701-003**

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
Abandon 1-domestic well				
Depth 177'				
Casing 8 5/8"				
Static water level 88'				
Perforate from 177' to 50'				
Trimmie 6 yards of W171 slurry to top.				
<b>Plugging of log 59001</b>				
<b>NOV 15 2004</b>				
<b>LAS VEGAS OFFICE</b>				

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surface Seal:  Yes  No Seal Type: \_\_\_\_\_  
 Depth of Seal \_\_\_\_\_  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Date started **10/28, 20 04**  
 Date completed **10/28, 20 04**

7. WELL TEST DATE

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)	
_____	_____	_____	_____
_____	_____	_____	_____

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 **ALLEN DRILLING INC.**  
 Address **4015 WEST TOMPKINS AVE.**  
**LAS VEGAS, NV 89103**  
 Nevada contractor's license number issued by the State Contractor's Board **0018916 & 0018917**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1301**  
 Signed \_\_\_\_\_  
 By driller performing actual drilling on site or contractor  
 Date **11/2/04**