



OFFICE USE ONLY
 Log No. 94796
 Permit No. _____
 Basin 163

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. 26438

1. OWNER WENCES + AMY PEREZ ADDRESS AT WELL LOCATION ONYX AV. + TRAILING ROSE ST. SANDY VALLEY NV.
 MAILING ADDRESS _____
 2. LOCATION SW 1/4 NE 1/4 Sec 36 T. 24 N. R. 56 E. CLARK County _____
 PERMIT NO. 200-36-601-010 Parcel No. _____ Subdivision Name 610 Trailing Rose St - D&B

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	Thickness
SAND		0	3	3
SANDY LOAM		3	8	5
CLAY		8	28	20
CALICHE		28	32	4
CLAY		32	53	21
CALICHE		53	58	5
CLAY		58	74	16
CALICHE	W.B.	74	78	4
CLAY		78	90	12
CALICHE	W.B.	90	95	5
CLAY		95	115	20
CALICHE	W.B.	115	122	7
CLAY		122	132	10
CALICHE	W.B.	132	138	6
CLAY		138	140	2

DUNN/DWH
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8. WELL CONSTRUCTION
 Depth Drilled 140 Feet Depth Cased 140 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 5/8 Inches To 140 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 7/8</u>	<u>4.33</u>	<u>.316</u>	<u>0</u>	<u>140</u>

Perforations:
 Type perforation SAW CUT
 Size perforation 8 INCH BY 6 INCH
 From 140 feet to 100 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 140 feet to 50 feet

Date started 10-4, 2004
 Date completed 10-10, 2004

7. WELL TEST DATA

TEST METHOD:	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 60 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature COOL °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 BUDGET DRILLING CO. Contractor
 Address P.O. Box 3505 Prater NV Contractor
89041
 Nevada contractor's license number issued by the State Contractor's Board 40020
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1573
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 10-16-2004