

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

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. **96732**
 Permit No. _____
 Basin **212**
 NOTICE OF INTENT NO. **27364**

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

1. OWNER **MARK & JUNE LAGOR** ADDRESS AT WELL LOCATION **5836 CALVERTS ST.**
 MAILING ADDRESS **5836 CALVERTS ST.** **LAS VEGAS, NV 89130**

2. LOCATION **NE 1/4 SW 1/4** Sec **25** T **19** S R **60** E **CLARK** County

PERMIT NO. **125-25-310-032**

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
1-6" new well				
Caliche & Silt		9	65	56
Gray clay & sanstone		65	132	67
Brown clay-tr rock		132	173	41
Hard rock clay		173	265	92
Rock & clay	x	265	331	66
Gravel	xx	331	334	3
Clay w/rock stringers		334	400	66

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From	To
18 Inches	0 Feet 10 Feet
12 Inches	10 Feet 50 Feet
10 Inches	50 Feet 400 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
12	33.38	.25	0	10
6		pvc	0	400

Perforations:
 Type perforation **Machine**
 Size perforation **2.5x3/16 24 slate per ft.**

From	To
193 feet	400 feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet

Surface Seal: Yes No Seal Type: _____
 Depth of Seal **53'** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

**DCNR/DWR
 RECEIVED**

JUN 06 2005

LAS VEGAS OFFICE

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

Date started **4/25, 20 05**
 Date completed **4/27, 20 05**

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.**
 (CONTRACTOR)
 Address **4015 WEST TOMPKINS AVE.**
 (CONTRACTOR)
LAS VEGAS, NV 89103
 Nevada contractor's license number issued by the State Contractor's Board **18916 & 18917**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1301**

Signed *Fred B. Allen Jr.*
 By driller performing actual drilling on site or contractor
 Date **5/9/05**

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
	Draw Down (Feet Below Static)		
G.P.M.	Time (Hours)		
75	?	1	