

OFFICE USE ONLY  
Log No. **96858**  
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. **28180**

1. OWNER **CMD Management** ADDRESS AT WELL LOCATION **4414 W. Maule Ave.**  
MAILING ADDRESS **4414 W. Maule Ave.**

2. LOCATION **SE 1/4 NW 1/4 Sec. 06 T. 22 N/S R. 61 E Clark** County  
PERMIT NO. **177-06-22-028** Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  Other **plug**  
 Deepen  Abandon

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
Sanded @ 357'				
pebbled from 357' to 124'				
Base transic to bottom				
7 yds heat exch. from bottom to surface cut 1 foot of casing @ surface owner report.				
<b>PLUGGED BY GWMP ORIG/PLUG LOG # 59022</b>				
<b>DGWR/DWR RECEIVED</b>				
<b>JUN 22 2005</b>				
<b>LAS VEGAS OFFICE</b>				

8. WELL CONSTRUCTION  
Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)  
From \_\_\_\_\_ To \_\_\_\_\_  
Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
Inches \_\_\_\_\_ Feet \_\_\_\_\_ 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  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

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

Date started **June 6**, 20**05**  
Date completed **June 22**, 20**05**

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			

9. WATER LEVEL  
Static water level **234'** 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 **W. D. Co. Exploration & Wells** Contractor  
Address **570 Colorado Way N. Las Vegas NV. 89032** Contractor  
Nevada contractor's license number issued by the State Contractor's Board **0012852**  
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2248 LTD.**  
Signed **Jorge M...** By driller performing actual drilling on site or contractor  
Date **June 22 - 2005**