

17 wells

WHITE-DIVISION OF WATER RESOURCES  
CANARY-CLIENT'S COPY  
PINK-WELL DRILLER'S COPY

STATE OF NEVADA  
DIVISION OF WATER RESOURCES

OFFICE USE ONLY

Log No. 98556

Permit No. \_\_\_\_\_

Basin 212

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. 28832

PRINT OR TYPE ONLY  
DO NOT WRITE ON BACK

1. OWNER ENSR ADDRESS AT WELL LOCATION \_\_\_\_\_  
 MAILING ADDRESS 1220 AVENIDA ALASO 900 N. TRANCO DR, LAS VEGAS, NV  
CAMARILLO, CA 93012

2. LOCATION SE 1/4 NW 1/4 Sec. 29 T. 20 N. 101 E. CLARK County  
 PERMIT NO. 139-29-201-005 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
<u>1) Pull casing from wells.</u>				
<u>2) ABANDON wells by pumping NEAT CEMENT FROM BOTTOM TO TOP.</u>				
<u>(15) 2" wells</u>				
<u>(2) 4" wells</u>				
DONOR/DNR RECEIVED DEC 23 2005 LAS VEGAS OFFICE				

8. WELL CONSTRUCTION

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

HOLE DIAMETER (BIT SIZE)

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

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:  Neat Cement

Depth of Seal \_\_\_\_\_  Cement Grout

Placement Method:  Pumped  Concrete Grout

Poured

Gravel Packed:  Yes  No

From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL

Static water level \_\_\_\_\_ feet below land surface

Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.

Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 12-1, 2005

Date completed 12-3, 2005

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 WAC Exploration & Well Contractor

Address 570 Corinthian Way Contractor

N. LAS VEGAS

Nevada contractor's license number issued by the State Contractor's Board \_\_\_\_\_

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2057

Signed [Signature]

By driller performing actual drilling on site or contractor

Date 12-22-05