

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. 104174
 Permit No. _____
 Basin 212

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **31365**

1. OWNER **WIENS MAYNARD J JR**
 MAILING ADDRESS **1701 LAS VEGAS BLVD S**
LAS VEGAS, NV 89104
 ADDRESS AT WELL LOCATION **4435 W WIGWAM AVE**

2. LOCATION **NE 1/4 SW 1/4 Sec 18 T 22 S R 61 E** **CLARK** County

PERMIT NO. _____
 Issued by Water Resources **177-18-303-025 038** 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
Plug 1 domestic well				
Depth 247'				
Casing 8 5/8"				
Static water level @ 238'				
Perforate from 247' to 130'. Place 2 yards of 23 cement slurry and let harden 24 hours.				
Measured well and found cement slurry @ 164'. Placed pea gravel from 164' to 20'. Filled 20' with 9 sack cement grout approximately 1 yard.				
<i>Plugging of log 28423</i>				
<i>WGS84</i>				
<i>N36° 02' 06" W</i>				
<i>2115' 12' 014"</i>				
<i>OCT 18 2007</i>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

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

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 **10/15, 20 07**
 Date completed **10/16, 20 07**

7. WELL TEST DATE

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

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.**
 (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 R. Allen Jr.*
 By driller performing actual drilling on site or contractor
 Date **10/16/2007**