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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. 31794

1. OWNER Clark County Parke ADDRESS AT WELL LOCATION 2601 E. Sunset rd.
 MAILING ADDRESS 2601 E. Sunset rd. Las Vegas NV. 89120 Las Vegas NV. 89120
 2. LOCATION NW 1/4 SW 1/4 Sec. 1 T. 22 N. R. 61 E. Clark County
 PERMIT NO. 24063 177-01-301-001 Subdivision Name _____
 Issued by Water Resources Parcel No.

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE Recreation WELL TYPE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Clean Well Perforations with hypochlorite injection + wire line brushing				
Perforations are @ 40' to 80' + 160' to 295'				
Bottom of well is @ 295' Bad casing down below				
Latitude <u>36.0622215271</u>				
Longitude <u>115.11555481</u> <u>W65</u>				

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)
<u>12 3/4"</u>			<u>0</u>	<u>295'</u>

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

9. WATER LEVEL
 Static water level 20' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 9-24-07, 20____
 Date completed 9-30-07, 20____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Air Lift	<u>800</u>	<u>132'</u>	<u>2 hr.</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Layne Christensen Co. Contractor
 Address P.O. Box 1249 Contractor
Barstow Ca. 92312
 Nevada contractor's license number issued by the State Contractor's Board 0019101
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2324
 Signed Marty Garrison
 By driller performing actual drilling on site or contractor
 Date 10-05-07