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

OFFICE USE ONLY
Log No. 109443
Permit No.
Basin

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 33869

1. OWNER Rebel Oil Company, Inc
MAILING ADDRESS 22005 Highland Dr
Las Vegas NV 89102

ADDRESS AT WELL LOCATION 3795 W
TROPICANA AVE
Subdivision Name: County: CLARK

2. LOCATION NW 1/4 NW 1/4 Sec 29 T 21 N R 61 E
PERMIT/WAIVER No. 9-001577 16229101039
Issued by Water Resources Parcel No.

Latitude 36.06.0163 UTM E NAD 27
Longitude 115.112243 N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other USA 8"

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
Concrete		0	8"	8"
Gravel Sand		8"	18"	9"
Sand Gravel		18"	4.6'	3
caliche		4.6'	8.6'	4
Gravel sand clay		8.6'	14.0'	5.6'
caliche		14.0'	15.0'	1.0
Clay Gravel	28	15.0'	33'	19'
caliche		33'	35'	2'

9. WELL CONSTRUCTION			
Depth Drilled	Feet	Depth Cased	Feet
35'		35'	

HOLE DIAMETER (BIT SIZE)			
	From	To	
8"	0	35'	Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2"	NVC	5/16" x 40	0	35

Perforations:
 Type of perforation Slotted SLRiech
 Size of perforation 0.020
 From 10 feet to 35 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 0 to 2 Pumped Poured
 30% Bentonite Grout to _____ Pumped Poured
 Gravel Pack: Yes No _____ to 35 Pumped Poured
 Type: 3" SILVER SAND
 Bentonite Chips: Yes No _____ to _____ Pumped Poured
 Type: 3/8" Hole Plug

Date started: 9-24-09 20 09
Date completed: 9-24-09 20 09

7. Water Level
Static water level: 2338 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA			
TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <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 Rebel Drilling Contractor
 Address 7150 PLACID STREET Contractor
Las Vegas NV 89119
 Nevada contractor's license number _____
 Issued by the State Contractor's Board 51266
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2097
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 9-28-09