

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

OFFICE USE ONLY
Log No. 110350
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. 35167

1. OWNER County of Clark ADDRESS AT WELL LOCATION Paradise
MAILING ADDRESS P.O. Box 11005 AVMW-61
Las Vegas, NV 89111-1005 Subdivision Name: _____ County: Clark

2. LOCATION SE 1/4 NW 1/4 Sec 27 T 21S N/S R 61 E Latitude 36.05795 UTM E NAD 27
PERMIT/WAIVER No. 162-27-201-005 Longitude 115.08928 N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Fill		0	3	3
Silty Sand		3	5	2
Gravelly Sand		5	8	3
Caliche		8	13	5
Sandy Silt		13	14	1
Caliche		14	18	4
Sandy Silt		18	21	3
Caliche		21	23	2
Sandy Silt		23	32	9
Sandy Clay		32	37	5
Clayey Silt		37	53	16

9. WELL CONSTRUCTION

Depth Drilled 53 Feet Depth Cased 50 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>10</u> Inches	<u>0</u> Feet <u>53</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.5</u>		<u>Sch 40</u>	<u>0</u>	<u>50</u>

Perforations:

Type of perforation Factory Slotted

Size of perforation .020

From _____ feet to _____ feet

From 45 feet to 50 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 _____ to _____ Pumped Poured

≥30% Bentonite Grout 1 to 41 Pumped Poured

Gravel Pack: Yes No 43 to 53 Pumped Poured

Type: #3 Monterey Sand

Bentonite Chips: Yes No 41 to 43 Pumped Poured

Type: 3/8 Hole Plug

Date started: 15-Mar, 20 10

Date completed: 15-Mar, 20 10

7. Water Level

Static water level: 16.77 feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: _____ °F

Quality: _____

8. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name WDC Exploration & Wells
Contractor

Address 570 Corinthian Way
Contractor

N. Las Vegas, NV, 89030

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 M-2381

Signed _____
By driller performing actual drilling on site or contractor

Date 3-22-10

CORINTHIAN RECEIVED
MAR 22 2010
LAS VEGAS OFFICE

(Rev. 05-09)

USE ADDITIONAL SHEETS IF NECESSARY