

WELL DRILLER'S REPORT

Please complete this form in its entirety

NOTICE OF INTENT NO. 2653

PRINT OR TYPE ONLY

1. OWNER ELDON QUINNEY ADDRESS AT WELL LOCATION 8149 TROGA WAY LAS VEGAS NV
 MAILING ADDRESS _____

2. LOCATION SW 1/4 S.E. 1/4 Sec. 12 T. 19 N. 10 E. CLARK County
 PERMIT NO. 52521 Issued by Water Resources Parcel No. 125-10-401-011 Subdivision Name _____

3. TYPE OF WORK
 New Well Recondition
 Deepen Other

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal Industrial Stock

5. TYPE WELL
 Cable Rotary
 Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SAND & ROCKS		0	9	9
Clay		9	19	10
Caliche		19	40	21
Clay		40	93	53
Archimed		98	101	3
Clay		101	505	404

8. WELL CONSTRUCTION
 Diameter 12 1/4 inches Total depth 505 feet
 _____ inches
 _____ inches
 Casing record 0-505
 Weight per foot _____ Thickness 156

Diameter	From	To
<u>8 3/8</u> inches	<u>0</u> feet	<u>505</u> feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet
_____ inches	_____ feet	_____ feet

 Surface seal: Yes No Type CPT
 Depth of seal 50' feet
 Gravel packed: Yes No
 Gravel packed from 50' feet to 505 feet

Perforations:
 Type perforation Factory
 Size perforation 1/4 X 3"
 From 465 feet to 505 feet
 From _____ feet to _____ feet

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 Branch Office - Las Vegas, NV

9. WATER LEVEL
 Static water level 98 feet below land surface
 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 LEE R. THOMAS Contractor
 Address 5965 N. MARLBOROUGH L. N. NV Contractor
 Nevada contractor's license number issued by the State Contractor's Board 10831
 Nevada contractor's driller's number issued by the Division of Water Resources 623
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 623
 Signed Lee R. Thomas By driller performing actual drilling on site or contractor
 Date _____

Date started 7-5- 1989
 Date completed 7-7- 1989

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump

BAILER TEST
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours
 G.P.M. _____ Draw down _____ feet _____ hours