WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety.

OFFICE USE ONLY
Log No. 33643
Permit No.
Basin 212

PRINT OR TYPE ONLY

NOTICE OF INTENT NO. 2758

1. OWNER HERBST OIL COMPANY
MAILING ADDRESS LAS VEGAS, BOULD. SOUTH LAS VEGAS, NV
ADDRESS AT WELL LOCATION TERRIBLE HERBST CAR WASH NE CORN. FLAMINGO & MARYLAND

2. LOCATION SW ¼ SW ¼ Sec. 14 T. 21 N/S R. 61 E. CLARK County
PERMIT NO. MO 2031 (Issued by Water Resources) | Parcel No. | Subdivision Name

3. TYPE OF WORK: New Well ☒ Recondition ☐ Deepen ☐ Other ☐

4. PROPOSED USE MONITOR ☒: Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐

5. TYPE WELL: Cable ☐ Rotary ☒ Other ☐

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
CLAY, SILT & SAND	~~0~~	0	5	5
CALICHE		5	6	1
CLAY		6	19	13
CALICHE		19	20	1
CLAY		20	25	5

RECEIVED JAN 19 1990 Div. of Water Resources Branch Office - Las Vegas, NV

Date started DECEMBER 22, 1989
Date completed DECEMBER 22, 1989

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After Hours Pump
	N/A		

BAILER TEST
G.P.M. N/A Draw down ____ feet ____ hours
G.P.M. ____ Draw down ____ feet ____ hours
G.P.M. ____ Draw down ____ feet ____ hours

8. WELL CONSTRUCTION
Diameter ~~8~~ 6 inches Total depth 25 feet
____ inches
____ inches WELL No 5
Casing record
Weight per foot PVC Thickness SCH 40

Diameter	From	To
~~8~~ 2 inches	0 feet	25 feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet
inches	feet	feet

Surface seal: Yes ☒ No ☐ Type CEMENT/BENT. GROUT
Depth of seal ____ feet
Gravel packed: Yes ☒ No ☐
Gravel packed from ____ feet to ____ feet

Perforations:
Type perforation FACTORY SLOTTED
Size perforation 0.20"
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

9. WATER LEVEL
Static water level ____ 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 DON WILSON
Address c/o CONVERSE CONSULTANTS 4670 S. POLARIS, LV, NV 89103
Nevada contractor's license number issued by the State Contractor's Board ____
Nevada contractor's driller's number issued by the Division of Water Resources ____
Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1589
Signed [signature]
By driller performing actual drilling on site or contractor
Date 1/8/90

(Rev. 11-85) USE ADDITIONAL SHEETS IF NECESSARY (O)-627