

OFFICE USE ONLY
 Log No. 40868
 Permit No. _____
 Basin 212

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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. 23717

1. OWNER Fitzgerald ESTATE MW-17 ADDRESS AT WELL LOCATION Fitzgerald Estate
 MAILING ADDRESS c/o Converse Consultants 10th St. Between Ogden & Stewa
4670 S. POLARIS AVE, LAS VEGAS LAS VEGAS, NEVADA
 2. LOCATION SE 1/4, NE 1/4 Sec. 34 T. 20 N. 61 E Clark. County
 PERMIT NO. Mo. 2101 & Mo. 2082 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

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

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<i>* 7 WELLS</i>				
MW-12	=	Intent #	8253	
MW-14	=	"	8256	
MW-15	=	"	8257	
MW-16	=	"	8440	
MW-17	=	"	8441	
MW-18	=	"	8442	
MW-20	=	"	8444	

- ALL casing pulled & HOLES SEALED w/ 10 SACK SLURRY!

- ALL WELLS 25 ft in Depth

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	To	Feet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____
 Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

RECEIVED
 APR 02 1993

Div. of Water Resources
 Branch Office - Las Vegas, NV

Date started 3-23, 1993
 Date completed 3-24, 1993

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL

Static water level _____ feet below land surface
 Artesian 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 Contractor
 Address 4670 S. POLARIS AVE
LAS VEGAS, NV. 89103
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1589
 Signed Roy Wilson
 By driller performing actual drilling on site or contractor
 Date 3-29-93