

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 52497
Permit No. 212
Basin 8

NOTICE OF INTENT NO. 17544

1. OWNER MAGIC WAND
MAILING ADDRESS 1100 E. COLTON AVE
DORETH LAS VEGAS, NV 89103
ADDRESS AT WELL LOCATION DORETH LAS VEGAS, NV

2. LOCATION NW 1/4 SE 1/4 Sec 11 T 20 NR 61 E CLARK County
PERMIT NO. MO-2077A Parcel No. 139-11-303-01

Issued by Water Resources Subdivision Name

3. WORK PERFORMED
 New Well
 Replace
 Abandon
 Recondition
 Other
 4. Domestic
 Municipal/Industrial
 Irrigation Monitor
 Stock
 Test
 Cable
 Air
 Rotary
 Other ASPER

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>FILL TO SANDY CLAY</u>		<u>0</u>	<u>3</u>	<u>3</u>
<u>000 (LAUGH) BONES</u>		<u>3</u>	<u>55</u>	<u>52</u>

8. WELL CONSTRUCTION

Depth Drilled 55 Feet Depth Cased 55 Feet

HOLE DIAMETER (BIT SIZE)

8 Inches From 0 Feet To 55 Feet

Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.5</u>	<u>1.9</u>	<u>0.237</u>	<u>0</u>	<u>55</u>

Perforations:
 Type perforation FACTORY SLOT
 Size perforation 0.020
 From 45 feet to 55 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 0-41 Pumped Cement Grout
 Placement Method: Poured Concrete Grout
 Gravel Packed: Yes No
 From 43 feet to 55 feet

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 THOMAS AIGT
 Address 731 PILOT RD STE 14
LAS VEGAS, NV 89119
 Contractor

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: M1869
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 6-17-96

7. WELL TEST DATA
 Date started APRIL 17 1996
 Date completed APRIL 17 1996

TEST METHOD: Bailor Pump Air Lift
 G.P.M. Draw Down (feet Below Static) Time (Hours)