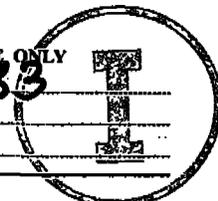


STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. **65883**
Permit No. **212**
Basin **212**



PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

NOTICE OF INTENT NO. **14018**

1. OWNER **New York New York Well 106** ADDRESS AT WELL LOCATION
MAILING ADDRESS **LV BLVD + TROPICANA**

2. LOCATION **SE 1/4 SE 1/4 Sec. 20 T 21 N/S R 61 E CLARK** County
PERMIT NO. **DW-1032** Issued by Water Resources Parcel No. **162-20-801-004** Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE **dewater**
 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
CLAY + CALICHE	33	0	60	60
* DRILLED 8 WELLS				
THE SAME.				

8. WELL CONSTRUCTION
Depth Drilled **60** Feet Depth Cased **60** Feet

HOLE DIAMETER (BIT SIZE)
From **12 1/4** Inches To **60** Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	41	60

Perforations:
Type perforation **FACTORY SAW**
Size perforation **1 1/2 x 2 1/2**
From **40** feet to **60** feet
From feet to feet
From feet to feet
From feet to feet

Surface Seal: Yes No Seal Type:
Depth of Seal _____ Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
From **SURFACE** feet to **60** feet

9. WATER LEVEL
Static water level **32** 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 **WATER WELL SERVICE** Contractor
Address **6475 GARY AVE** Contractor
LAS VEGAS, NV. 89139

Nevada contractor's license number issued by the State Contractor's Board **34274**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1966**

Signed **Timdall Couch**
By driller performing actual drilling on site or contractor
Date **6-16-95**

Date started **5-1** 19**95**
Date completed **5-8** 19**95**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

