

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

OFFICE USE ONLY  
 Log No. **73179**  
 Permit No. \_\_\_\_\_  
 Basin. **212**

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

NOTICE OF INTENT NO. **17860**

1. OWNER **SECOR INTERNATIONAL** ADDRESS AT WELL LOCATION **530 N. LAS VEGAS BLVD**  
 MAILING ADDRESS **1515 E. TROPICANA AVE #200 LAS VEGAS NV 89119**

2. LOCATION **SW 1/4 SE 1/4 Sec 27 T 20 N R 61 E CLARK** County  
 PERMIT NO. **139-27-804-001** Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  Deepen  Abandon  Other \_\_\_\_\_

4. PROPOSED USE **SB-9**  
 Domestic  Irrigation  Test  Municipal/Industrial  Monitor  Stock

5. WELL TYPE  
 Cable  Rotary  RVC  Air  Other **AUGER**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
ASPHALT/FILL		0	4	4
SANDY CLAY CLAY		4	9	5
CALICHE		9	15	6
CLAYEY SAND		15	18	3
GRAVELLY CLAY		18	23	5
		23	31	8

8. WELL CONSTRUCTION  
 Depth Drilled **31** Feet Depth Cased **30** Feet

HOLE DIAMETER (BIT SIZE)  
 From To  
**10** Inches **0** Feet **31** Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	1.9	0.287	0	30

Perforations: **FACTORY SLOT**  
 Type perforation \_\_\_\_\_  
 Size perforation **0.020**  
 From **10** feet to **30** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **0-6 1/2 - 8' BENTONITE**  Neat Cement  
 Placement Method:  Pumped  Concrete Grout  
 Poured

Gravel Packed:  Yes  No  
 From **8** feet to **31** feet

9. WATER LEVEL  
 Static water level: **16.60** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **8/26** 19**98**  
 Date completed **8/26** 19**98**

7. WELL TEST DATA

TEST METHOD:  Bailer  Pump  Air Lift

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

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **THOMAS HIGH (CONVERSE)** Contractor  
 Address **731 Pilot Rd Ste H LAS VEGAS NV 89119** Contractor  
 Nevada contractor's license number **0034757** issued by the State Contractor's Board  
 Nevada driller's license number issued by the **M1869** Division of Water Resources, the on-site driller  
 Signed \_\_\_\_\_ By driller performing actual drilling on site or contractor  
 Date **10/30/98**