

OFFICE USE ONLY  
 Log No. 73809  
 Permit No.  
 Basin 103  
 NOTICE OF INTENT NO. 35027

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

1. OWNER Steve Betteo ADDRESS AT WELL LOCATION Marketview Ave  
 MAILING ADDRESS NA  
 2. LOCATION NE 1/4 NE 1/4 Sec 28 T 17 N/S R 22 E County Clark  
 PERMIT NO. 19-241-5B Subdivision Name Marketview Estates  
 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 Mod

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Boiler Clay</u>		<u>1</u>	<u>9</u>	<u>9</u>
<u>Coarse Boulders</u>		<u>9</u>	<u>18</u>	<u>9</u>
<u>Sand</u>		<u>18</u>	<u>23</u>	<u>5</u>
<u>Shell</u>		<u>23</u>	<u>220</u>	<u>197</u>
<u>Fracture shell</u>	<input checked="" type="checkbox"/>	<u>186</u>	<u>220</u>	

8. WELL CONSTRUCTION  
 Depth Drilled 220 Feet Depth Cased 221 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From To  
2 5/8 Inches 1 Feet 60 Feet  
3 3/4 Inches 60 Feet 220 Feet  
 Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6 3/8</u>	<u>1.88</u>	<u>13</u>	<u>1</u>	<u>220</u>

Perforations:  
 Type perforation Mill Perfor  
 Size perforation 3/16 x 6 x 6 1/2  
 From 203 feet to 218 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Neat Cement  
 Cement Grout  
 Concrete Grout  
 Depth of Seal 60  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL at time of completion  
 Static water level 140 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature 6 °F Quality Good

Date started 8/1/98, 19\_\_\_\_  
 Date completed 8/4/98, 19\_\_\_\_

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>20 gm</u>		<u>6 hrs</u>

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Jason Drilling Inc Contractor  
 Address PO 593 Contractor  
85 NW 89429  
 Nevada contractor's license number issued by the State Contractor's Board 0031841  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1876  
 Signed [Signature] By driller performing actual drilling on site or contractor  
 Date 9/1/98

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 08 SEP 14 AM 11:53  
 STATE ENGINEERS OFFICE