

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

OFFICE USE ONLY
Log No. 79297
Permit No. _____
Basin _____

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 19785

1. OWNER JAY & TERRA CONNOR ADDRESS AT WELL LOCATION 93 N. INCA ST.
MAILING ADDRESS 4410 PEBBLE BLVD. SANDY VALLEY
LAS VEGAS NV. 89139 Subdivision Name: _____ County: CLARK

2. LOCATION NW 1/4 NW 1/4 Sec 5 T 25 N R 57 E Latitude 35° 48' 48.7" UTM E NAD 27
PERMIT/WAIVER No. 219-05-101-004 Longitude 115° 36' 30.3" N NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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
SANDY LOAM		0	8	8
CLAY		8	46	38
CALICHE		46	52	6
CLAY		52	62	10
CALICHE	W.B.	62	66	4
CLAY		66	81	15
CALICHE	W.B.	81	92	11
CLAY		92	109	17
CALICHE	W.B.	109	116	7
CRAZY GRAVEL		116	130	14
GRAVEL	W.B.	130	140	10

9. WELL CONSTRUCTION
Depth Drilled 140 Feet Depth Cased 140 Feet

HOLE DIAMETER (BIT SIZE)
From 10 5/8 Inches To 140 Feet
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6.75</u>	<u>4.33</u>	<u>.316 PUC</u>	<u>0</u>	<u>140</u>

Perforations:
Type of perforation FACTORY SCREEN
Size of perforation .032 inch X 6 Row

From 140 feet to 120 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 50 FT to SURFACE Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 140 to 50 Pumped Poured
Type: 3/8" INCH PEA GRAVEL

Bentonite Chips: Yes No to _____ Pumped Poured
Type: _____

Date started: 3-15, 20 00
Date completed: 3-17, 20 00

7. Water Level
Static water level: 53 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: COOL °F
Quality: _____

8. 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 BUDGET DRILLING CO. Contractor
Address P.O. Box 3505 Prater NV 89041 Contractor

Nevada contractor's license number _____
issued by the State Contractor's Board 40020
Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller 1573

Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 4-29-2010

USE ADDITIONAL SHEETS IF NECESSARY