

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

Log No. 56990
Permit No. 212
Basin 212

NOTICE OF INTENT NO. 22011

1. OWNER Becker Enterprises
MAILING ADDRESS 505 Jones Blvd Suite 100
LAS VEGAS NV 89102

ADDRESS AT WELL LOCATION 550 S. DEARBORN BLVD
LAS VEGAS NV 89104

2. LOCATION NE 1/4 SE 1/4 Sec 36 T. 20 N. R. 60 E. County Clark

PERMIT NO. _____

Parcel No. _____

Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. Domestic Municipal/Industrial
 Test Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Asphalt		0	1	
Silt/clay		1	2	
Silt/clay		2	8	
silty clay		8	14	
Gravel/clay		14	15	
clay		15	17	
Silt/clay		17	24	
clay		24	27	

8. WELL CONSTRUCTION
Depth Drilled 27 Feet Depth Cased 27 Feet
HOLE DIAMETER (BIT SIZE)
From _____ To _____
Inches 5 1/2 Inches 3 Feet 4 3/4 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2 3/8</u>		<u>0.208</u>	<u>0</u>	<u>27</u>

Perforations:
Type perforation Free Joint Slotted Pipe
Size perforation 0.625
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
Depth of Seal: 3 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From _____ feet to _____ feet

9. WATER LEVEL
Static water level 18 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 reports true to the best of my knowledge.
Name Lawrence Consultants
Address 731 Platt RD Suite H Contractor
LAS VEGAS NV 89119

Nevada contractor's license number 489947
Issued by the State Contractor's Board.
Nevada driller's license number issued by the W1589
Division of Water Resources, the on-site driller.

Signed Lawrence Consultants
By driller performing actual drilling on site or contractor
Date _____

Date started 2/21/02, 19____
Date completed 2/21/02, 19____

7. WELL TEST DATA
TEST METHOD: Bailor Pump Air Lift
G.P.M. (Feet Below Static) _____ Time (Hours) _____