

OFFICE USE ONLY
 Log No. 87858
 Permit No. _____
 Basin 212
 NOTICE OF INTENT NO. 28873

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 Mike Lawson ADDRESS AT WELL LOCATION 4210 E. Ojicando Rd Las Vegas, NV
 MAILING ADDRESS 4210 East Ojicando Rd Las Vegas, NV
 2. LOCATION NW 1/4 NW 1/4 Sec. 32 T. 21 N. 62 E. Clark County
 PERMIT NO. 28982 Parcel No. 161-32-106-019 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 _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>pulled pump</u>				
<u>233'</u>				
<u>bottom 137'</u>				
<u>water level 15'</u>				
<u>Cleaned well</u>				
<u>knocked bridge</u>				
<u>out at 137'</u>				
<u>Cleaned 5' bottom</u>				
<u>well dept 251'</u>				
<u>restriction at</u>				
<u>125' perforated</u>				
<u>126' to 50'</u>				
<u>got waiver</u>				
<u>for trimming</u>				
<u>line to 250'</u>				
<u>pumped cement</u>				
<u>3 1/2 yds</u>				
<u>bottom to surface</u>				

8. WELL CONSTRUCTION
 Depth Drilled 250 Feet Depth Cased 250 Feet

HOLE DIAMETER (BIT SIZE)
 From 8 Inches To _____ Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

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

Perforations:
 Type perforation _____
 Size perforation _____
 From 19' feet to 250 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 50
 Neat Cement
 Cement Grout
 Concrete Grout

Placement Method: Pumped Poured
 Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

DNH/DWR
 RECEIVED

SEP 20 2002

LAS VEGAS OFFICE

Date started September 23, 2002
 Date completed September 20, 2002

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

9. WATER LEVEL
 Static water level 15 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 B L Weber Group Contractor
 Address 4145 Arctic Springs Las Vegas, NV Contractor
 Nevada contractor's license number 635639 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 614220 T-1
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date September 20, 2002

