WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

2 wells

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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

OFFICE USE ONLY
Log No. 92581
Permit No.
Basin 212

NOTICE OF INTENT NO. 25951

1. OWNER Bob Denino
MAILING ADDRESS PO. Box 711
Dallas Tx. 75221

ADDRESS AT WELL LOCATION 3635 N. Las Vegas Blvd, Las Vegas Nv.

2. LOCATION SW ¼ NW ¼ Sec. 8 T. 20 N/S R 62 E Clark County

PERMIT NO. ____ (Issued by Water Resources) | 140-08-201-007 (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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Removed well vaults				
Attempted to remove casing				
Cement from bottom				
to top with				
Neat Cement				

DCNR/DWR
RECEIVED
FEB 1 1 2004
LAS VEGAS OFFICE

Date started 1/29, 2004
Date complated 1/29, 2004

7. WELL TEST DATA

TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

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

8. WELL CONSTRUCTION

Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)

	From	To
____ Inches	____ Feet	____ Feet
____ Inches	____ Feet	____ Feet
____ Inches	____ Feet	____ Feet

CASING SCHEDULE

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

Perforations:
Type perforation
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured

Seal Type:
☐ Neat Cement
☐ Cement Grout
☐ Concrete Grout

Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

9. WATER LEVEL

Static water level ____ 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 Eagle Drilling Services (Contractor)
Address 7150 Placid St. (Contractor)
Las Vegas Nv. 89119

Nevada contractor's license number issued by the State Contractor's Board 51266

Nevada driller's license number issued by the Division of Water Resources, the on-site driller

Signed Victor [signature]
By driller performing actual drilling on site or contractor

Date 02/05/04

(Rev. 12-01) USE ADDITIONAL SHEETS IF NECESSARY (O)-627