COPIES TO
- DIVISION OF WATER RESOURCES
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- WELL DRILLER'S COPY

PRINT OR TYPE ONLY

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. 93828
Permit No. 11728
Basin 212

NOTICE OF INTENT NO. 26626

1. OWNER SENIOR NEVADA BENEFIT GROUP
MAILING ADDRESS 1600 BECKE CIR
LAS VEGAS, NV 89104

ADDRESS AT WELL LOCATION 2925 FREMONT ST.
LAS VEGAS, NV

2. LOCATION SW ¼ NE ¼ Sec 01 T 21 S R 61 E CLARK County

PERMIT NO. 11728 (Issued by Water Resources) | 162-01-601-002 (Parcel No.) | Subdivision Name

3. WORK PERFORMED
☐ New Well ☐ Replace ☐ Recondition
☐ Deepen ☒ Abandon ☐ Other QMX

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
Plug 1-184' domestic well				
casing 8 5/8"				
Perforate from 84' to 50'				
Trimmie 6.5 yards of				
W171 slurry.				

Date started 8/4, 20 04
Date completed 8/11, 20 04

7. WELL TEST DATE

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

9. WATER LEVEL
Static water level 1 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 ALLEN DRILLING INC. (CONTRACTOR)
Address 4015 WEST TOMPKINS AVE. (CONTRACTOR)
LAS VEGAS, NV 89103
Nevada contractor's license number issued by the State Contractor's Board 18916 & 18917
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1301
Signed Fred B. Allen III
By driller performing actual drilling on site or contractor
Date 8/12/04

(Rev 12/01) USE ADDITIONAL SHEETS IF NECESSARY

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