

OFFICE USE ONLY
 Log No. 97371
 Permit No. _____
 Basin 212
 27790

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

NOTICE OF INTENT NO. 27790

1. OWNER Sheridan & Louise Hagler ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 3040 Rich Mar Las Vegas NV 89139 SAME
 2. LOCATION N 1/4 SW 1/4 Sec 20 T 22 N/S R 61 E CLARK County
 PERMIT NO. 17720302.013 Issued by Water Resources 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	Thick-ness
Brown Clay Gravel		0	30	30
Cemented Gravel		30	50	20
Brown Clay Boulders Gravel		50	200	150
Layers of Limestone	X	200	425	225
LIME Stone	X	425	500	75
Static water in old well 185				
Pumped old well with neat cement from 300 75 225				
Capped off well with 1/2 inch rock and cement 75 0 75				
Casing was perforated from 300 75 225				
Logan Steel Casing				
DNR/DWR RECEIVED				
AUG 09 2005				
LAS VEGAS OFFICE				

8. WELL CONSTRUCTION
 Depth Drilled 500 Feet Depth Cased 496 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 0 Feet 500 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 IN	F480	P.I.C	21	496
5 IN	8 5/8	1.88	18 IN	3 1/2

Perforations:
 Type perforation Saw
 Size perforation 1/8 X 12
 From 500 feet to 440 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 55 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level 193 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 7-27, 2005
 Date completed 8-01, 2005

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>40</u>		<u>2 HRS.</u>

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Kedding Drilling Contractor
 Address 3955 Blue Diamond Rd #4 Las Vegas, NV 89139 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 38155
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1617
 Signed 8-2-05
 By driller performing actual drilling on site or contractor
 Date Flayd Mitchell