

PRINT OR TYPE ONLY
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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. 57869

1. OWNER CLEAR WATER COALITION ADDRESS AT WELL LOCATION MOON
 MAILING ADDRESS 1001 W. HILLY PARK DR SIDE LAS VEGAS WARR
NEW BRIDGE, NY 09019 N 26739122, E 832575
 2. LOCATION SE 1/4 SW 1/4 Sec 30 T 21 N R 63 E CLARK County
 PERMIT NO WAIVER D-1379 | 1603000003 | _____
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 COAL

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>POORLY GRADED SAND & GRAVEL</u>		<u>0</u>	<u>30</u>	<u>30'</u>
<u>CEMENTED SAND & GRAVEL</u>	<u>27</u>	<u>30</u>	<u>46.5</u>	<u>16.5</u>
<u>POORLY GRADED SAND & GRAVEL</u>		<u>46.5</u>	<u>75</u>	<u>28.5</u>
<u>LEAN CLAY</u>		<u>75</u>	<u>174</u>	<u>99</u>

DCNR/DWR RECEIVED

JAN 16 2007

LAS VEGAS OFFICE

*SEE ATTACHED.

8. WELL CONSTRUCTION
 Depth Drilled 174.0 Feet Depth Cased 20.0 Feet
 HOLE DIAMETER (BIT SIZE)
 From 4.5 Inches To 174 Feet
 _____ 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)
<u>1.5</u>		<u>SCM 80</u>	<u>0.0</u>	<u>141.0</u>

Perforations:
 Type perforation SLOTTED
 Size perforation 0.020
 From 141.0 feet to 170.0 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 2.0' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No SAND NO. 3
 From 139.0 feet to 174.0 feet

Date started 10-24- 2006
 Date completed 10-26- 2006

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 type="checkbox"/> Air Lift			
<u>N/A</u>			

9. WATER LEVEL
 Static water level 27 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 CONR SURFACE, INC. Contractor
 Address 16707 E. SPOKANE AVE Contractor
SPOKANE, WA 99216
 Nevada contractor's license number issued by the State Contractor's Board 0060707
 Nevada driller's license number issued by the Division of Water Resources on-site driller M-2314
 Signed _____
By driller performing actual drilling on site or contractor
 Date 11/30/2006

Log # 102087

Converse Consultants

MONITORING WELL CONSTRUCTION LOG

Project Name SCOP REACHES 1 & 2
 Location 26738279.5330 N, 832668.7797 E
 Drilling Company CRUX
 Inspected By _____
 Method of Installation Burley 5500-1 Hydraulic Core Drill
 Remarks: NOT # : 57869

Well No. COH-3
 Project No. 98-33506-05
 Date 10/24/06 Time _____

