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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. 9457

1. OWNER Engineering Science Inc. ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 9906 Gulf Freeway Suite 102 Nellis Air Force Base
Houston, TX 77034 LAS VEGAS, NV.
 2. LOCATION SE 1/4 NW 1/4 Sec 3 T 20 N 62 E Clark County _____
 PERMIT NO. MO-2107 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 Auger

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|------------------------------|--------------|-----------|-----------|------------|
| <u>Silty clay w/ caliche</u> | | <u>0</u> | <u>17</u> | <u>17</u> |
| <u>clay</u> | | <u>17</u> | <u>32</u> | <u>15</u> |
| <u>clay, silt</u> | | <u>32</u> | <u>42</u> | <u>10</u> |
| <u>clay</u> | | <u>42</u> | <u>53</u> | <u>11</u> |
| <u>Silty clay</u> | | <u>53</u> | <u>60</u> | <u>7</u> |

I.D. = 60'

8. WELL CONSTRUCTION
 Depth Drilled 60' Feet Depth Cased 60' Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches 0 Feet 60 Feet
 To _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>4"</u> | <u>2105</u> | <u>SC# 40</u> | <u>0</u> | <u>60</u> |

Perforations:
 Type perforation factory slotted
 Size perforation 0.010"
 From 30 feet to 60 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 0-28/26-28 Bent. Neat Cement
 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured w/Bent.
 Gravel Packed: Yes No
 From 0 feet to 26 feet

9. WATER LEVEL
 Static water level 55 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 11-22 1991
 Date completed 11-22 1991

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 | | | |
| | | | |
| | | | |
| | | | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Richard Le Blanc (Converse Cons.) Contractor
 Address 4670 S. Polaris Contractor
Las Vegas, NV
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources the on-site driller M15897-1
 Signed R. Le Blanc
 By driller performing actual drilling on site or contractor
 Date 2-25-92

RECEIVED
 FEB 28 1992
 Div. of Water Resources
 Branch Office - Las Vegas, NV