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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.240

NOTICE OF INTENT NO. 11297

1. OWNER JIM GLOVER ADDRESS AT WELL LOCATION CRAIG + BONITA VISTA
 MAILING ADDRESS _____
 2. LOCATION NE 1/4 SE 1/4 Sec 5 T 20 N/S R. 60 E CLARK County
 PERMIT NO. 54355 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 |
|----------------------------|--------------|------------|------------|------------|
| <u>FILL: CLAY + GRAVEL</u> | | <u>0</u> | <u>10</u> | <u>10</u> |
| <u>CEMENTED GRAVEL</u> | | <u>10</u> | <u>130</u> | <u>120</u> |
| <u>BROWN LIME</u> | | <u>130</u> | <u>140</u> | <u>10</u> |
| <u>CONT. GRAVEL W/</u> | | <u>140</u> | <u>505</u> | <u>365</u> |
| <u>STRIKES OF CLAY</u> | | | | |
| <u>+ GRAVEL</u> | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 505 Feet Depth Cased 505 Feet
 HOLE DIAMETER (BIT SIZE)
 From 0 To 505
12 1/4 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>8 5/8</u> | <u>16.94</u> | <u>.188</u> | <u>+1</u> | <u>505</u> |

Perforations:
 Type perforation FACTORY
 Size perforation 18 x 2 1/2
 From 425 feet to 445 feet
 From 465 feet to 485 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal 50
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 50 feet to 505 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 DESERT DRILLING Contractor
 Address 6475 GARY AVE Contractor
LAS VEGAS, NV. 89139
 Nevada contractor's license number issued by the State Contractor's Board 34274
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1594
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 3-27-93

Date started 3-26 19 93
 Date completed 3-27 19 93

7. WELL TEST DATA

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

RECEIVED
 APR 01 1993
 Div. of Water Resources
 Branch Office - Las Vegas, NV