

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 41448
 Permit No. _____
 Basin 212

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 11972

1. OWNER Western Summit ADDRESS AT WELL LOCATION 200 Athens Ave Henderson NV
 MAILING ADDRESS 5470 Valley Highway Denver Co. 80216
 2. LOCATION SE 1/4 36 T 21 N R 62 E CLARK County
 PERMIT NO. DW 1007 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 DEWATERING

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>SANDY w/ COBCL</u>		<u>0</u>	<u>10</u>	<u>10</u>
<u>SANDY w/ GRAVEL</u>		<u>10</u>	<u>22</u>	<u>12</u>
<u>COBCL w/ SAND</u>		<u>22</u>	<u>30</u>	<u>8</u>
<u>BROWN CLAY w/ SAND</u>		<u>30</u>	<u>35</u>	<u>5</u>
<u>GREEN CLAY</u>		<u>35</u>	<u>40</u>	<u>5</u>

ONE OF 29 DE-WATERING WELLS

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 Inches To 40 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>12</u>			<u>0</u>	<u>40</u>

Perforations:
 Type perforation SAW CUT
 Size perforation 1040
 From 20 feet to 40 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 0 feet to 40 feet

RECEIVED

MAY 19 1993

Div. of Water Resources
 Branch Office - Las Vegas, NV

Date started 1-28, 1993
 Date completed 1-29, 1993

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

9. WATER LEVEL
 Static water level 12 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 Foot Hills Eng Contractor
 Address 905 E 3rd ST Contractor
CORONA
 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 1567
 Signed Chuck Semell
 By driller performing actual drilling on site or contractor
 Date 1-28

