

OFFICE USE ONLY
 Log No. 41455
 Permit No. _____
 Basin 212

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. 11972

1. OWNER Western Summit ADDRESS AT WELL LOCATION 200 Athens Ave Henderson NV
 MAILING ADDRESS 5470 Valley Highway Denver Co.

2. LOCATION SE 1/4 1/4 Sec. 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 Buckit

6. HEAD WORKER HEAD WORKER LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|-----------------------------|--------------|-----------|-----------|-----------|
| <u>SAND w/ ROCKS</u> | | <u>0</u> | <u>10</u> | <u>10</u> |
| <u>SANDY GRAVEL</u> | | <u>10</u> | <u>25</u> | <u>15</u> |
| <u>Cemented SAND</u> | | <u>25</u> | <u>26</u> | <u>1</u> |
| <u>SANDY Clay w/ gravel</u> | | <u>26</u> | <u>35</u> | <u>9</u> |
| <u>WHITE Clay</u> | | <u>35</u> | <u>40</u> | <u>5</u> |

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet

HOLE DIAMETER (BIT SIZE)
 From 24 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 .040
 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

9. WATER LEVEL
 Static water level 15 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. Corona Cali Contractor
 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 D. Samuel
 By driller performing actual drilling on site or contractor
 Date 2-23

Date started 2-3 1993
 Date completed 2-3 1993

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 | | | |

RECEIVED
 MAY 19 1993
 Div. of Water Resources
 Branch Office - Las Vegas, NV