

17 Book

Log No. 42375
 Permit No. _____
 Basin _____

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. 10780

1. OWNER Cal Neo Pipeline ADDRESS AT WELL LOCATION Cal Neo Pipeline
 MAILING ADDRESS C/O Converse Consultants 5049 N. Sloan Lane
4670 S. Polaris Ave. Las Vegas N. Las Vegas Nev.
 2. LOCATION SW 1/4 NW 1/4 Sec. 34 T. 19 N. R. 62 E. Clark County
 PERMIT NO. MD-2258 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 |
|---|--------------|------|----|------------|
| Grout injected into borehole via tremie. Casing partially pulled broke at 20-ft depth. Surface used cement/Bentonite grout. | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 130 Feet Depth Cased 130 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 0 Feet 130 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>2"</u> | <u>.7 lbs</u> | <u>Sch. 40</u> | <u>0</u> | <u>130</u> |

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped
 Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

RECEIVED

SEP 14 1993

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

Date started 7-15 1993
 Date completed 7-15 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 | | | |

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 RICHARD LEDRANC Contractor
 Address 4670 S. Polaris Ave
Las Vegas, NV. 89103
 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 M1817
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 9-13-93