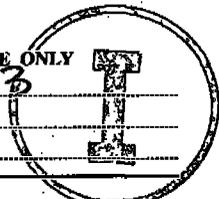


OFFICE USE ONLY  
 Log No. 43023  
 Permit No. \_\_\_\_\_  
 Basin 212



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. 12101

1. OWNER BROADBENT & ASSOC ADDRESS AT WELL LOCATION AMERICAN MINI MART  
 MAILING ADDRESS 833 NEVADA HWY STE 4 5525 W. CHARLESTON BLVD, LV  
LAS VEGAS NV 89005

2. LOCATION NE 1/4 NW 1/4 Sec 1 T 21 N 60 E CLARK County  
 PERMIT NO. MO-2318 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>ASPHALT GRAVEL</u>		<u>0</u>	<u>1</u>	<u>1</u>
<u>SILTY SAND</u>		<u>1</u>	<u>35</u>	<u>34</u>
<u>CAULICHE</u>		<u>35</u>	<u>36</u>	<u>1</u>
<u>SILTY SAND</u>		<u>36</u>	<u>40</u>	<u>4</u>
<u>CLAYEY SILT</u>		<u>40</u>	<u>65</u>	<u>25</u>

8. WELL CONSTRUCTION  
 Depth Drilled 65 Feet Depth Cased 65 Feet

HOLE DIAMETER (BIT SIZE)  
 From 8 Inches To 0 Feet 65 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.375</u>	<u>0.64</u>	<u>0.154</u>	<u>0</u>	<u>65</u>

Perforations:  
 Type perforation FACTORY SLOT  
 Size perforation 0.030  
 From 40 feet to 65 feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal 0-4/33-91' BENT  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
 From 37-65' ADD 4-33' feet

RECEIVED  
 OCT 21 1993  
 Div. of Water Resources  
 Branch Office - Las Vegas, NV

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

Date started AUGUST 9, 1993  
 Date completed AUGUST 9, 1993

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name RICHARD LEBLANC/CONVERSE CONSULTOR  
 Address 4670 SO 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 10/18/93

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				