

Log No. 45137

Permit No. _____

Basin _____

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. 121708

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER WASHINGTON CONSTRUCTION ADDRESS AT WELL LOCATION JONES + RUSH
 MAILING ADDRESS _____

2. LOCATION NW 1/4 NE 1/4 Sec. 26 T. 32 N/S R. 60 E CLARK County
 PERMIT NO. 59744 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 |
|------------------------|--------------|------|-----|------------|
| SAND + ROCKS | | 0 | 10 | 10 |
| CMT GRAVEL W/ | | 10 | 110 | 100 |
| SAND + ROCKS | | | | |
| CMT. GRAVEL | | 110 | 350 | 240 |
| CMT. GRAVEL W/ | | | | |
| STRKS SANDSTONE | 440 | 350 | 550 | 200 |
| CMT GRAVEL W/ | | 560 | 620 | 70 |
| STRKS OF SAND + GRAVEL | | | | |
| CMT GRAVEL | | 620 | 690 | 70 |

8. WELL CONSTRUCTION
 Depth Drilled 690 Feet Depth Cased 690 Feet

HOLE DIAMETER (BIT SIZE)

| | From | To |
|-----------|------|-----|
| 18 Inches | 0 | 60 |
| 15 Inches | 60 | 690 |

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 16 | 62.58 | .375 | 0 | 60 |
| 10 3/4 | 25.03 | .250 | +1 | 690 |

Perforations:
 Type perforation FACTORY SAW
 Size perforation 1/8 x 3/16 DOUBLE ROW
 From 490 feet to 690 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal 60

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 60 feet to 690 feet

9. WATER LEVEL
 Static water level 391 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 WATER WELL SERVICES Contractor
 Address 6475 GARY AVE Contractor
LAS VEGAS, NV. 89139
 Nevada contractor's license number issued by the State Contractor's Board 022311A
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1792
 Signed Paul Lee
 By driller performing actual drilling on site or contractor
 Date 8-12-94

Date started 7-31, 1994
 Date completed 8-28, 1994

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| | | |
| | | |
| | | |
| | | |

RECEIVED

AUG 16 1994

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