

OFFICE USE ONLY
 Log No. 49268
 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. 13080

1. OWNER SOUTHLAND CORPORATION
C/O SEACOR
 MAILING ADDRESS 3021 SO. VALLEY VIEW STE 104
2416 E. STEWART AVE, LAS VEGAS
NV 89102
 2. LOCATION NE 1/4 SE 1/4 Sec 35 T 20 N R 61 E CLARK County
 PERMIT NO. MO-2421 Issued by Water Resources | Parcel No. _____ | Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE MU-2
 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/FILL</u>		<u>0</u>	<u>2</u>	<u>2</u>
<u>SANDY CLAY</u>		<u>2</u>	<u>7</u>	<u>5</u>
<u>SAND</u>		<u>7</u>	<u>18</u>	<u>11</u>
<u>CLAY</u>		<u>18</u>	<u>22</u>	<u>4</u>

8. WELL CONSTRUCTION
 Depth Drilled 20 Feet Depth Cased 20 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 22 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.5</u>	<u>1.9</u>	<u>0.237</u>	<u>0</u>	<u>20</u>

Perforations:
 Type perforation FACTORY SLOT
 Size perforation 0.120
 From 5 feet to 20 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 0-11-3' BENTONITE Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 3 feet to 22 feet

Date started APRIL 11, 1994
 Date completed APRIL 11, 1994

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 THOMAS HIGHT
 Address 4670 So. PELARIS 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 M1869
 Signed Thomas R. Hight
 By driller performing actual drilling on site or contractor
 Date 4-29-94