

PRINT OR TYPE ONLY
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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. 13227

1. OWNER ERNEST Boggs ADDRESS AT WELL LOCATION Hwy 160 + AVERY
 MAILING ADDRESS _____
 2. LOCATION SE 1/4 NE 1/4 Sec. 16 T 22 N/S R 59 E CLARK County
 PERMIT NO. 176-16-601-004 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 |
|----------------------------------|--------------|------|-----|------------|
| SANDY CLAY + ROCKS | | 0 | 40 | 40 |
| CMT. GRAVEL | | 40 | 60 | 20 |
| SANDSTONE | 240 | 60 | 290 | 230 |
| CMT. GRAVEL | | 290 | 360 | 70 |
| SANDSTONE w/ STRKS OF CMT GRAVEL | | 360 | 520 | 160 |
| LIMESTONE | | 520 | 550 | 30 |

8. WELL CONSTRUCTION
 Depth Drilled 550 Feet Depth Cased 550 Feet
 HOLE DIAMETER (BIT SIZE)
 From 15 Inches To 60 Feet
 From 1 1/4 Inches To 550 Feet
 From _____ Inches To _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>8 5/8</u> | <u>16.94</u> | <u>.188</u> | <u>+1</u> | <u>500</u> |

Perforations:
 Type perforation FACTORY SAW
 Size perforation 18 x 3/12
 From 530 feet to 540 feet
 From _____ feet to _____ feet

RECEIVED
 MAY 12 1995
 Div of Water Resources
 Branch Office - Las Vegas, NV

Surface Seal: Yes No Seal Type:
 Depth of Seal 50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 550 feet

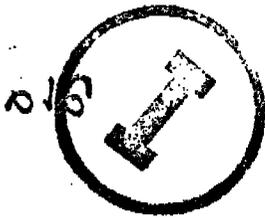
9. WATER LEVEL
 Static water level: 212 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 4-21 1995
 Date completed 4-25 1995

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 | | | |
| | | | |
| | | | |
| | | | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name DESERT DRILLING Contractor
 Address 6475 GARY AVE Contractor
LAS VEGAS, NV. 89139
 Nevada contractor's license number issued by the State Contractor's Board 34274
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1792
 Signed Michael Couch
 By driller performing actual drilling on site or contractor
 Date 5-10-95



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