



WHITE—DIVISION OF WATER RESOURCES
 CANARY—CLIENT'S COPY
 PINK—WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
 Log No. 48336
 Permit No. _____
 Basin 212

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

NOTICE OF INTENT NO. 13140

1. OWNER Danny Steward ADDRESS AT WELL LOCATION 6715 So. Mary
 MAILING ADDRESS 8775
Attn P.O. Box 36038 89138
 2. LOCATION NW 1/4 NW 1/4 Sec. 14 T 19 N/S R 60 E Clark County
 PERMIT NO. 125-14-104-002 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 _____

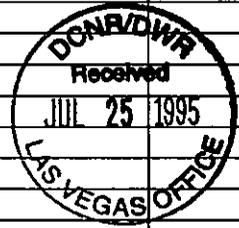
6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>up to clay</u>		<u>0</u>	<u>80</u>	
<u>Brown Clay</u>		<u>80</u>	<u>110</u>	
<u>Red clay</u>		<u>110</u>	<u>120</u>	
<u>Brown Clay</u>	<u>3 Gal</u>	<u>120</u>	<u>185</u>	
<u>Hard Rock</u>	<u>10 Gal</u>	<u>185</u>	<u>190</u>	
<u>Brown Clay + Gravel</u>		<u>190</u>	<u>680</u>	
<u>Gravel + Clay's</u>		<u>680</u>	<u>700</u>	

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
12 1/4 Inches 0 Feet 700 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>	<u>16.47</u>		<u>0</u>	<u>680</u>

Perforations:
 Type perforation Factory
 Size perforation 1/2
 From 6.05 feet to 6.80 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal 0-50 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 50 feet to 680 feet



9. WATER LEVEL
 Static water level 180 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 60.1 °F Quality Good

Date started 7-12, 1995
 Date completed 7-19, 1995

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>35</u>		

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Redding Drilling Contractor
 Address 8170 S Haven Contractor
NV 89123
 Nevada contractor's license number issued by the State Contractor's Board 38155
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1798
 Signed Murray R. Rubin
 By driller performing actual drilling on site or contractor
 Date 7-19-95