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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. **16276**

1. OWNER **USPCI % Union Pacific Railroad** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **1416 Dodge St. Omaha NE 68179** **Former UPRR yard**

2. LOCATION **SW 1/4 NW 1/4 Sec 34 T 20 N 6 R 61 E Clark** County
 PERMIT NO. **MO-2587** **41-14** 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 |
|---------------|--------------|------|-----|------------|
| Back Fill | | 0 | 3' | 3 |
| silty caliche | | 3' | 5' | 2 |
| silty sand | | 5 | 7 | 2 |
| clay | | 7 | 17 | 10 |
| caliche | | 17' | 22' | 5 |
| Clay | | 22' | 33' | 11 |

8. WELL CONSTRUCTION
 Depth Drilled **33'** Feet Depth Cased **33'** Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
8 Inches **0** Feet **33** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 2.375 | 0.64 | 0.218 | 0 | 33 |

Perforations:
 Type perforation **Factory slot**
 Size perforation **0.20**
 From **23** feet to **33** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **20** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **20** feet to **33** feet

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

Date started **8/30**, 19**95**
 Date completed **8/30**, 19**95**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **Thomas R. High** Contractor
 Address **731 Pilot rd LV. NV 89119** Contractor
 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 **M-1869**
 Signed **Thomas High**
 By driller performing actual drilling on site or contractor
 Date **12-13-95**