

WELL DRILLER'S REPORT

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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

OFFICE USE ONLY
Log No. 58142
Permit No. 212
Basin. 212

1. OWNER Circle K Stores Inc

NOTICE OF INTENT NO. 15267
ADDRESS AT WELL LOCATION Circle K
223 S Valley Ave, Primm, NV
89107

MAILING ADDRESS

2. LOCATION SW 1/4 NE 1/4 Sec. 31 T. 20 N. R. 61 E County Clark

PERMIT NO. MW-2632C Issued by Water Resources

Subdivision Name

3. WORK PERFORMED
 New Well
 Replace
 Deepen
 Abandon
 Recondition
 Other

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock
 Cable
 Air
 Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Small Gravel</u>		<u>0</u>	<u>4</u>	
<u>Small Gravel some clay</u>		<u>4</u>	<u>5.5</u>	
<u>Clayline</u>		<u>5.5</u>	<u>7.0</u>	
<u>Small Gravel some clay</u>		<u>7.0</u>	<u>12</u>	
<u>Clayline</u>		<u>12</u>	<u>12.50</u>	

8. WELL CONSTRUCTION

Depth Drilled 12.5 Feet Depth Cased 12 Feet

HOLE DIAMETER (BIT SIZE)

From 12 Inches To 12.5 Feet

Inches Feet Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Pc. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
			<u>56.40</u>	<u>2</u>

Perforations:
 Type perforation shot
 Size perforation 220
 From 2 feet to 12 feet
 From 2 feet to 2 feet

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

Depth of Seal 1.0 FT

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From 1.2 feet to 12 feet

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 _____ Contractor _____
 Address _____ 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-1910

Signed Robert Thompson
 By driller performing actual drilling on site or contractor
 Date 10-12-96

7. WELL TEST DATA

TEST METHOD:	<input type="checkbox"/> Bailor	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
G.P.M.			
Draw Down (Feet Below Static)			
Time (Hours)			

Date started 9-26 1996
 Date completed 9-26 1996