

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

1. OWNER Orle K Stores Inc

MAILING ADDRESS

ADDRESS AT WELL LOCATION Circle A
4285 Valley View Blvd Las Vegas NV
89107

NOTICE OF INTENT NO 15267

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

PERMIT NO NO-26322 Issued by Water Resources 139-31-682-03 Parcel No. Clark Subdivision Name

3. WORK PERFORMED
 New Well
 Replace
 Abandon
 Deepen
 Recondition
 Other
 PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock
 Cable
 Air
 Rotary
 RVC
 Other Aggie

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Sand Gravel</u>		<u>0</u>	<u>4</u>	
<u>Caliche very hard</u>		<u>4</u>	<u>6</u>	
<u>Sandy Gravel</u>		<u>6</u>	<u>9</u>	
<u>Clayey sand & gravel</u>		<u>9</u>	<u>12</u>	
<u>Some caliche</u>				
<u>Caliche</u>		<u>12</u>	<u>14</u>	
<u>Clayey sand some Gravel</u>		<u>14</u>	<u>19</u>	
<u>Caliche</u>		<u>19</u>	<u>21</u>	
<u>Gravelly clay some sand</u>		<u>21</u>	<u>22.5</u>	

8. WELL CONSTRUCTION
 Depth Drilled 22.50 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 22.5 Feet
 From 0 Feet To 22.5 Feet
 From 8 Inches To 22.5 Feet
 From 0 Feet To 22.5 Feet
 From 8 Inches To 22.5 Feet
 From 0 Feet To 22.5 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
			<u>22.4</u>	<u>0</u>
			<u>0</u>	<u>11</u>

Perforations:
 Type perforation shot
 Size perforation 0.80
 From 1 feet to 21 feet
 From 1 feet to 21 feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal: 8 ft
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 10 feet to 22.5 feet

9. WATER LEVEL
 Static water level: _____ feet below land surface
 Artesian Row _____ 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 _____

7. WELL TEST DATA
 TEST METHOD: Bailer Pump Air Lift
 G.P.M. (Feet Below Static) _____ Time (Hours) _____

Date started _____ 19____
 Date completed _____ 19____
 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
 Date 9-24-96
 By driller performing actual drilling on site or contractor

