

OFFICE USE ONLY
Log No. 58211
Permit No. 212
Basin

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

NOTICE OF INTENT NO. 15267

1. OWNER Circle K Stores Inc

ADDRESS AT WELL LOCATION Circle K
488 S Valley Blvd, Primm Las Vegas No 89127

MAILING ADDRESS

Clark County

2. LOCATION Sec 31 T 20
PERMIT NO. MO-26332 Issued by Water Resources
139 31-602-002 Parcel No.

NOR 61 E
Clark County

3. WORK PERFORMED
 New Well
 Replace
 Abandon
 Recondition
 Other

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock

5. WELL TYPE
 Cable
 Rotary
 RVC
 Air
 Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Sand & Gravel</u>		<u>0</u>	<u>35</u>	
<u>Caliche</u>		<u>35</u>	<u>65</u>	
<u>Sandy clay Stone Sand</u>		<u>65</u>	<u>70</u>	
<u>Caliche</u>		<u>70</u>	<u>100</u>	

8. WELL CONSTRUCTION

Depth Drilled 10 Feet
WELL CONSTRUCTION Depth Cased 9.5 Feet

HOLE DIAMETER (BIT SIZE)
Inches From 8 To 10 Feet
Inches From 0 To 10 Feet
Inches From 0 To 10 Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>5.625</u>	<u>40</u>	<u>0</u>	<u>0</u>	<u>4.5</u>

Perforations:
Type perforation slot
Size perforation 4.5 280
From 0 feet to 9.5 feet
From 0 feet to 0 feet
From 0 feet to 0 feet
From 0 feet to 0 feet

Surface Seal: Yes No Seal Type:
 Neat Cement
Depth of Seal: 3.5 Seal Type:
 Cement Grout
Placement Method: Pumped Concrete Grout
 Poured

Gravel Packed: Yes No
From 4 feet to 10.0 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 drilling performance actual drilling on site or contractor
Date 10-18-96

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

7. WELL TEST DATA

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.			
Draw Down (Feet Below Static)			
Time (Hours)			