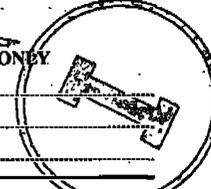


OFFICE USE ONLY
Log No. 60116
Permit No. _____
Basin 212



PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

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. _____

1. OWNER PERINI BUILDING Co ADDRESS AT WELL LOCATION 3570 S LUB
MAILING ADDRESS 125 E RENO ST #3 LAS VEGAS
LAS VEGAS, NV 89119

2. LOCATION NW 1/4 SE 1/4 Sec 17 T 21 N R 61 E CLARK County
PERMIT NO. MD 2734 162-17-810-002 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 SSA

6. LITHOLOGIC LOG MW-2

Material	Water Strata	From	To	Thick-ness
<u>SILTY SAND WITH GRAVEL</u>		<u>0</u>	<u>5</u>	<u>5</u>
<u>CALICHE</u>		<u>5</u>	<u>6.5</u>	<u>1.5</u>
<u>CLAY</u>		<u>6.5</u>	<u>12</u>	<u>5.5</u>
<u>SILTY CLAY</u>		<u>12</u>	<u>18</u>	<u>6</u>
<u>CALICHE</u>		<u>18</u>	<u>19</u>	<u>1</u>
<u>CLAY WITH SAND</u>	<u>19</u>	<u>19</u>	<u>30</u>	<u>11</u>
<u>SILTY SANDY CLAY</u>		<u>30</u>	<u>50</u>	<u>20</u>

8. WELL CONSTRUCTION
Depth Drilled 50 Feet Depth Cased 40 Feet

HOLE DIAMETER (BIT SIZE)
From 6 Inches To 0 Feet 50 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>	<u>0.675</u>	<u>0.31</u>	<u>0</u>	<u>40</u>

Perforations:
Type perforation FACTORY MACHINE
Size perforation 0.010 - 1 INCH
From 10 feet to 40 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 4 Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
From 6 feet to 40 feet

9. WATER LEVEL
Static water level 13.28 feet below land surface.
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

Date started 07/11/96, 19____
Date completed 07/11/96, 19____

7. WELL TEST DATA

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

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 M1761

Signed [Signature]
By driller performing actual drilling on site or contractor
Date _____

