

PRINT OR TYPE ONLY
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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. 17666

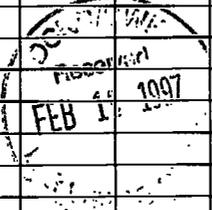
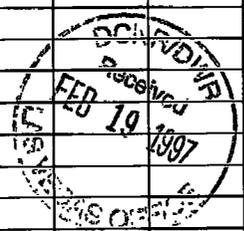
1. OWNER CARNEY PIPELINE ADDRESS AT WELL LOCATION MIDDLE OF INTERSECTION AT VALLEY VIEW & HACIENDA
 MAILING ADDRESS 412 HOSPITALITY, STE 202 SAN BERNARDINO, CA 92412
 2. LOCATION SE 1/4 NE 1/4 Sec. 30 T. 21 N. R. 61 E. CLARK County
 PERMIT NO. MO-2400 Issued by Water Resources | 162-29-301-007 Parcel No. | _____ Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE RW-13
 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
ATTEMPTED TO PULL 4" CASING - GROUTED WITH A NEAT CEMENT TO LAND SURFACE				
WELL WAS ORIGINALLY DRILLED UNDER INTENT NO. 13060 ON FEBRUARY 27, 1994				
 				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

Depth of Seal _____
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started OCTOBER 10, 1996
 Date completed OCTOBER 10, 1996

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			

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 THOMAS HIGH Contractor
 Address 731 PILOT RD STE H LAS VEGAS 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 M1869
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 2-11-97