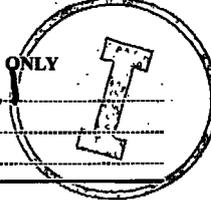


STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 65621
 Permit No. _____
 Basin 212



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. 11201

1. OWNER Robert Coleman ADDRESS AT WELL LOCATION 3549 S. Industrial Rd.
 MAILING ADDRESS 610 Santa Monica Blvd Santa Monica, CA 90401 Las Vegas, Nevada
 2. LOCATION NW 1/4 NE 1/4 Sec. 17 T. 21 N. R. 61 E CLARK County
 PERMIT NO. M02091 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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
WELL ABANDON				
CEMENT Grout				
		0	30	1

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 0 Feet 30 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

Surface Seal: Yes No Seal Type:
 Depth of Seal 0-30' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 0 feet to _____ feet

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 MAR 16 1992
 Div. of Water Resources
 Branch Office - Las Vegas, NV

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

Date started 3-11, 1992
 Date completed 3-11, 1992

7. WELL TEST DATA

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

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Richard Lopez Contractor
 Address 4670 S. Polaris Av. Las Vegas, NV. 89103
 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 M1817
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 3-16-92