

OFFICE USE ONLY
 Log No. 166167
 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. 116301

1. OWNER SI INC ADDRESS AT WELL LOCATION U-HALL MOVING CTR
 MAILING ADDRESS P.O. BOX 11588 2001 W. BONANZA RD, LAS VEGAS NV
ALBUQUERQUE, NM
 2. LOCATION SW 1/4 SW 1/4 Sec. 28 T. 20 N. 61 E. CLARK County
 PERMIT NO. MO-2668 139-28-401-023 Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE MW-3
 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
<u>SILTY GRAVEL</u>		<u>0</u>	<u>6</u>	<u>6</u>
<u>CLAYEY SILT</u>		<u>1</u>	<u>9</u>	<u>8</u>
<u>SILTY CLAY</u>		<u>9</u>	<u>12</u>	<u>3</u>
<u>SILTY SAND</u>	<u>X</u>	<u>12</u>	<u>22</u>	<u>10</u>
<u>CLAYEY SILT</u>		<u>22</u>	<u>25</u>	<u>3</u>
<u>SILTY CLAY</u>		<u>25</u>	<u>27</u>	<u>2</u>
<u>CLAYEY SILT</u>		<u>27</u>	<u>29</u>	<u>2</u>

8. WELL CONSTRUCTION
 Depth Drilled 29 Feet Depth Cased 29 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 0 Feet 29 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.375</u>	<u>0.64</u>	<u>0.154</u>	<u>0</u>	<u>29</u>

Perforations:
 Type perforation FACTORY SLOT
 Size perforation 0.020
 From 9 feet to 29 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 0-5' 15-7' BENTONITE Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 7 feet to 29 feet

9. WATER LEVEL
 Static water level 14.8 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started DEC 29 1995
 Date completed DEC 29 1995

7. WELL TEST DATA

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 KENT GROOVER Contractor
 Address 731 PILOT RD STE H
LAS VEGAS NV 89119
 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 M1953
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 2-22-96

