

OFFICE USE ONLY
Log No. **616709**
Permit No. **212**
Basin **7**

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. **17274**

1. OWNER **Circle K Corp**
MAILING ADDRESS **Circle K Corp, 1515 E Tropicana, Suite 700 Las Vegas, NV**
ADDRESS AT WELL LOCATION **428 Valley View Blvd., Las Vegas, NV**
2. LOCATION **1/4 DEJ 1/4 Sec 31 T. 20 N. R. 101 E. F. CLARK** County
PERMIT NO. **N/A** Issued by Water Resources Parcel No. **1393100202** Subdivision Name: **N/A**

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other.....
4. Domestic Municipal/Industrial Irrigation Test Stock Cable Rotary PVC Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Asphalt		0	6"	6"
Realt base		6"	2'	16"
Silty sand		2'	6'	4'
Caliche		6'	7'	1'
Clay		8'	7'	10'
				3'

8. WELL CONSTRUCTION
Depth Drilled: **10** Feet
HOLE DIAMETER (BIT SIZE)
From **8** Inches To **10** Feet
Inches: **0** Feet: **10** Feet
Inches: **0** Feet: **10** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2 7/8		7/8	0	5

Perforations: **Factory Sighted**
Type perforation **1.028**
Size perforation **5** feet to **10** feet
From **0** feet to **10** feet

Surface Seal: Yes No Seal Type: Neat Cement Cement GROUT Concrete GROUT
Depth of Seal: **3**
Placement Method: Pumped Poured
Gravel Packed: Yes No
From **3** feet to **10** feet

9. WATER LEVEL
Static water level: **8'** feet below land surface
Artesian flow: **0** G.P.M. P.S.I.
Water temperature: **0** °F Quality: **0**

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name **Robert Drilling Services**
Address **115 Sanderby Dr Suite 1 Chandler, AZ 85226**
Contractor **39528**
Nevada contractor's license number **39528**
Nevada contractor's Board **39528**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller: **M2057**
Signed **[Signature]**
Date **5-13-97**
Driller performing actual drilling on site or contractor

7. WELL TEST DATA
TEST METHOD: Bailor Pump Air Lift
G.P.M. (Feet Below Static) Time (Hours)

Date started **5-13-97**
Date completed **5-13-97**