

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

OFFICE USE ONLY
 Log No. 68747
 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. 16804

1. OWNER LUP ADDRESS AT WELL LOCATION On McLeod
 MAILING ADDRESS 4420 S Decatur 5. 28 Clark
LU NU 89103
 2. LOCATION S 1/2 N 1/2 Sec 13, T. 21 N 36 E County
 PERMIT NO. DW1039 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 Acuan

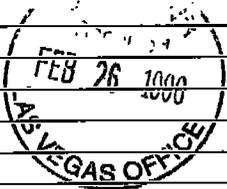
6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Sandy Silt</u>		<u>0</u>	<u>8</u>	<u>8</u>
<u>Sandy Catclay</u>		<u>8</u>	<u>12</u>	<u>4</u>
<u>Sand + Gravel</u>		<u>12</u>	<u>15</u>	<u>3</u>
<u>Sand + Clay</u>		<u>15</u>	<u>47</u>	<u>32</u>
<u>Clay</u>		<u>47</u>	<u>50</u>	<u>3</u>

8. WELL CONSTRUCTION
 Depth Drilled 0 Feet Depth Cased 50 Feet
 HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 50 Feet
 _____ 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)
<u>8</u>	<u>PVC</u>	<u>5/16</u>	<u>0</u>	<u>50</u>

Perforations:
 Type perforation Slot
 Size perforation 1.003
 From 30 feet to 50 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From 0 feet to 50 feet



9. WATER LEVEL
 Static water level 19 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature 60 °F Quality good

Date started 1-19-96
 Date completed 1-19-96

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 G.C.O. Contractor
 Address 536 E Midland Contractor
Ontario CA 91761
 Nevada contractor's license number 0031246
 issued by the State Contractor's Board
 Nevada driller's license number issued by the M-1968
 Division of Water Resources the on-site driller
 Signed _____
 Date 1-29-96