

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. 14418

1. OWNER NDEP ADDRESS AT WELL LOCATION 1195 E Desert Inn rd
 MAILING ADDRESS 555 E Washington Ste 4300 LV N.V.
L.V. N.V. 89101

2. LOCATION NE 1/4 NE 1/4 Sec. 15 T. 2.1 N. R. 61 @ Clark County
 PERMIT NO. MO-2491 Issued by Water Resources Parcel No. 162-15-503-002 Subdivision Name _____

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

4. PROPOSED USE MW-7
 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>Asphalt</u>		<u>0</u>	<u>2'</u>	
<u>Fill gravelly sand</u>		<u>2'</u>	<u>4'</u>	
<u>silty sand w/ gravel</u>		<u>4'</u>	<u>9'</u>	
<u>silty sand</u>		<u>9'</u>	<u>15'</u>	
<u>clay trace gravel</u>		<u>15'</u>	<u>25'</u>	

8. WELL CONSTRUCTION
 Depth Drilled 25' Feet Depth Cased 25' Feet

HOLE DIAMETER (BIT SIZE)
 From 8' Inches To 25' Feet
 _____ Inches _____ Feet
 _____ Inches _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.375</u>	<u>0.65</u>	<u>0.218</u>	<u>0</u>	<u>25'</u>

Perforations:
 Type perforation Factory slot
 Size perforation 0.020
 From 15' feet to 25' feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

RECEIVED
 APR 21 1995
 Div. of Water Resources
 Branch Office - Las Vegas, NV

Surface Seal: Yes No Seal Type:
 Depth of Seal 0 to 17' / 11-13' BENEATH Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 13' feet to 25' feet

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

Date started March 29, 1995
 Date completed March 29, 1995

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 Thomas R. High Contractor
 Address 4670 So. Polaris Ave Contractor
LV. N.V. 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 M1869
 Signed Thomas R. High
 By driller performing actual drilling on site or contractor
 Date April 18, 1995