

OFFICE USE ONLY
 Log No. 68977
 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. 16873

1. OWNER HILTON HOTELS CORP ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 3625 AUDRIE LANE 3655 S LAS VEGAS BLVD
LAS VEGAS, NV 89109 LAS VEGAS, NV 89109
 2. LOCATION NW 1/4 NW 1/4 Sec 21 T. 21 N. R. 61 E CLARK County
 PERMIT NO. 162-21-102-003 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 _____

6. LITHOLOGIC LOG MW-3

Material	Water Strata	From	To	Thick-ness
CLAY W/SAND		0	8.5	8.5
SAND W/SILT		8.5	12.5	4.0
CLAY		12.5	18	5.5
CALICHE		18	19.5	1.5
SANDY CLAY		19.5	25	5.5
SANDY CLAY RED		25	27.5	2.5

8. WELL CONSTRUCTION
 Depth Drilled 27.5 Feet Depth Cased 27.5 Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 Inches To 27.5 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</u>	<u>0.70</u>	<u>0.31</u>	<u>0</u>	<u>27.5</u>

Perforations:
 Type perforation FACTORY MACHINE SLOTTED
 Size perforation Ø .010 - 1/8 CH
 From 12.1 feet to 26.6 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 0 - 5.5 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 10 feet to 27 feet

9. WATER LEVEL
 Static water level 17.52 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 11/6/97, 19____
 Date completed 11/6/97, 19____

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 WESTERN TECHNOLOGIES INC Contractor
 Address 3611 W TOMPKINS AVE Contractor
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 M-1761
 Signed _____
 By driller performing actual drilling on site or contractor
 Date 11/11/97