

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

OFFICE USE ONLY
 Log No. 69098
 Permit No. 212
 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. 16518

1. OWNER Southland ADDRESS AT WELL LOCATION 7-11
 MAILING ADDRESS 19033 W. Valley Hwy, Suite D-104 4615 Tropicana
Kent WA
 2. LOCATION SW 1/4 SE 1/4 Sec. 20 T 21 N0R 62 E Clark County
 PERMIT NO. 161-29-501-001
 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 Auger

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|---|--------------|------|----|-----------|
| <u>Abandoned eight monitor wells to NDWR regs</u> | <u>10'</u> | | | |
| <u>1-10" x 13'</u> | | | | |
| <u>1-8" x 10'</u> | | | | |
| <u>2-3" x 25'</u> | | | | |
| <u>4-4" x 25'</u> | | | | |

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From _____ To _____

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) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| | | | | |
| | | | | |
| | | | | |

Perforations:
 Type perforation.....
 Size perforation.....
 From _____ feet to _____ 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 _____ feet to _____ feet

Date started 9-15-1997
 Date completed 9-15-1997

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 | | | |
| | | | |
| | | | |
| | | | |
| | | | |

9. WATER LEVEL

Static water level 10' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Weber Drilling Services
 Address 7403 W. Boston St. Chandler AZ 85226
 Nevada contractor's license number 38527
 issued by the State Contractor's Board.
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2057

Signed B. Johnson
 By driller performing actual drilling on site or contractor
 Date 11-04-97