

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. **17398**

1. OWNER **Tosco Marketing Co.** ADDRESS AT WELL LOCATION **Unocal #4370**
 MAILING ADDRESS **3550 N. Central Ave 4th floor** **3758 S. L.V. Blvd**
Phoenix AZ 85012 **L.V. N.V.**

2. LOCATION **SE 1/4 SE 1/4 Sec. 20 T 21 N 61 E** **Clark** County
 PERMIT NO. **162-20-701-012**

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	Thick-ness
Silty Sand		0	6	6
Silty Clay		6	14	8
Caliche		14	16	2
Clay	22	16	35	19

8. WELL CONSTRUCTION
 Depth Drilled **35** Feet Depth Cased **35** Feet

HOLE DIAMETER (BIT SIZE)
 From **8** Inches To **35** Feet
 From **0** Feet To **35** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2 1/4		1/8	0	15

Perforations:
 Type perforation **Factory Slotted**
 Size perforation **020**
 From **15** feet to **35** feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **11**
 Placement Method: Pumped Poured
 Neat Cement
 Cement Grout
 Concrete Grout

Gravel Packed: Yes No
 From **13** feet to **35** feet

9. WATER LEVEL
 Static water level **22** 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** Contractor
 Address **1210 Sharp Circle** Contractor
N. Las Vegas NV 89030
 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 **2057**
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **3-17-98**

Date started **2-24-98**
 Date completed **2-24-98**

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			