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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. 37842
 SOUTHWEST GAS CORPORATION

Consultant: SUMMIT ENVIROSOLUTIONS Client: _____
 1. OWNER _____ ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 1475 Terminal Way, Suite B _____
Reno, Nevada 89502 _____
Carson City, Nevada 89701 _____
 2. LOCATION SW 1/4 SW 1/4 Sec 20 T 15N N/S R 20 E Carson City County _____
 PERMIT NO M/O 701 A&B VMP3 9-111-07 _____
 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

Material	Water Strata	From	To	Thickness
Static Water Level: <u>21 feet</u>				
Total Depth: <u>32 feet</u>				
1. Measure SWL & TD				
2. Glue threaded adapter to existing casing				
3. Set tremie pipe to bottom of casing				
4. Pump neat cement from bottom to surface approx 1/2 sack				
5. Pull tremie, fill casing & attach from cement pump directly to casing				
6. Pump cement @100 PSI squeezing cement through perforations into surrounding formation approx 1/2 sack				
When pressure increases, discontinue pumping				
Equipment: High Pressure cement pump & mixer 3/4" dia. tremie pipe				
Materials: 1 sack Portland Cement Type II				
Location: 187 1/2 ft N of Ben Franklin Craft Store				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
Inches	Feet	Inches	Feet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2 1/2"</u>				

Perforations:

Through Type perforation _____
 Size perforation _____

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 2-24-98, 19____
 Date completed 2-24-98, 19____

7. WELL TEST DATA

TEST METHOD	<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	Draw Down (Feet Below Static)	Time (Hours)
G.P.M.			

9. WATER LEVEL

Static water level _____ 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 WAYNE DRILLING, INC. Contractor
 Address P.O. BOX 12370 Contractor
RENO, NEVADA 89510

Nevada contractor's license number issued by the State Contractor's Board 0022549
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 908

Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date March 25, 1998