

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

OFFICE USE ONLY
 Log No. **71805**
 Permit No. _____
 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. **15859**

1. OWNER **CATHOLIC CHARITIES** ADDRESS AT WELL LOCATION **S.W. CORNER OWENS + LAS VEGAS BLVD.**
 MAILING ADDRESS _____

2. LOCATION **NE 1/4 NE 1/4 Sec. 27 T. 20 N. R. 61 E. CLARK** County _____
 PERMIT NO. **139-27-503-006** Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Domestic Irrigation Test
 Deepen Abandon Other _____ Municipal/Industrial Monitor Stock

4. PROPOSED USE

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
CLEANED WELL FROM SURFACE TO 202' USING AIR LIFT				
PUMPED 98 YARDS NEAT CEMENT (THRU TREMIE TUBE) FROM 202' TO 8'				
TOP OF ABANDONED WELL @ 8' AS THIS WELL WILL BE BELOW BUILDING FOUNDATION				
WELL LOCATED 89' SOUTH OF CURB ON SOUTHSIDE OF OWENS AND 51' WEST OF WESTSIDE CURB ON LAS VEGAS BLVD.				

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet

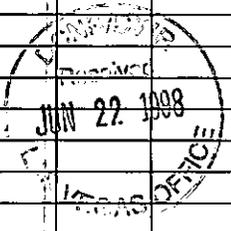
CASING SCHEDULE

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
 Depth of Seal _____ Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet



Date started **6-8**, 19 **98**
 Date completed **6-16**, 19 **98**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

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 **B.L. WEBER GROUP INC** Contractor
 Address **8108 Bay Harbor Drive Las Vegas NV 89128** Contractor
 Nevada contractor's license number issued by the State Contractor's Board **035639**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2077**
 Signed **Miles + Andersen**
 By driller performing actual drilling on site or contractor
 Date **6-22-98**