

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

1. OWNER **Rebel 01 Co.**

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **174823**

2. LOCATION **SE 1/4, NW 1/4, Sec 33, T 20S, R 13E**

ADDRESS AT WELL LOCATION **4747 So. Martin Luther King Blvd Las Vegas, NV Clark**

MAILING ADDRESS **1200 E. Sahara Las Vegas, NV**

Parcel No. **139-87-202-004** Subdivision Name

3. WORK PERFORMED
 New Well
 Replace
 Abandon
 Recondition
 Other

4. PROPOSED USE
 Domestic
 Municipal/Industrial
 Irrigation
 Monitor
 Test
 Stock

5. WELL TYPE
 Cable
 Rotary
 RVC
 Air
 Other **Auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
8 1/2' Clay				33
Clay				34
Clay				35
Clay				36
Clay				37
Clay				38
Clay				39
Clay				40
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Clay				96
Clay				97
Clay				98
Clay				99
Clay				100

8. WELL CONSTRUCTION

Depth Drilled **25** Feet Depth Cased **25** Feet

HOLE DIAMETER (BIT SIZE)

8 Inches From **0** To **25** Feet
8 Inches From **0** To **25** Feet
8 Inches From **0** To **25** Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2 1/4		1/8	0	25

Perforations: **Factory Slotted**

Type perforation

Size perforation **1/8" 0-20**

From **0** feet to **25** feet

Surface Seal: Yes No Seal Type: Neat Cement Cement GROUT Concrete GROUT

Depth of Seal: **8**

Placement Method: Pumped Poured

Gravel Packed: Yes No

From **0** feet to **25** feet

9. WATER LEVEL

Static water level: **13** feet below land surface

Artesian flow: **0** G.P.M.

Water temperature: **0** °F Quality: **0**

10. DRILLER'S CERTIFICATION

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

Name: **Compliance Drilling Corp**

Address: **P.O. Box 94136**

Contractor: **Contractor 89193**

City: **Las Vegas NV**

Nevada contractor's license number **3827**

Nevada contractor's Board **3827**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2057**

Signed: **[Signature]**

Date: **7-7-98**

By driller performing actual drilling on site or contractor

Date started **6-7-98**

Date completed **6-7-98**

7. WELL TEST DATA

TEST METHOD: Bailor Pump Air Lift

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