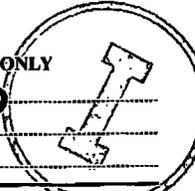


OFFICE USE ONLY
 Log No. 75613
 Permit No. _____
 Basin 21a



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. 16564

1. OWNER TAB ADDRESS AT WELL LOCATION On Front
 MAILING ADDRESS _____
W.D. Major

2. LOCATION E 1/4 Sec 5 T 21 N 62 E Clark County
 PERMIT NO. DW 992A Parcel No. 160-05-60-150 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 BIT

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|--------------------------------|--------------|------|----|-----------|
| Full casing clean to 10' depth | | | | |
| Complete | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 30 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) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>5</u> | <u>POC</u> | <u>5/4</u> | | |

Perforations:
 Type perforation Slot
 Size perforation 0.375
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal 10
 Placement Method: Pumped Poured
 Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Gravel Packed: Yes No
 From 15 feet to 30 feet

9. WATER LEVEL
 Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. T.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 Bob
 Address 536 E. Mainland
 Nevada contractor's license number 31246 issued by the State Contractor's Board
 Nevada driller's license number M 1968 issued by the Division of Water Resources, the on-site driller.
 Signed _____
 Date 2-9-99

Date started 2-7-99 19____
 Date completed 2-9-99 19____

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 | | | |

