

WHITE-DIVISION OF WATER RESOURCES
 CANARY-CLIENT'S COPY
 PINK-WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 76429
 Permit No. _____
 Basin _____

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. 18453

1. OWNER MIKE GROGAN ADDRESS AT WELL LOCATION: _____
 MAILING ADDRESS: _____

2. LOCATION NW 1/4 SW 1/4 Sec. 7 T. 28 N/S R. 63 E CLARK County
 PERMIT NO. 620-030-034 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
SANDY CLAY W/COARSE SAND & GRAVEL		0	170	170
CONGLOMERITE		170	425	255
FRACTURED CONGLOMERITE		425	535	110
CONGLOMERITE		535	630	95
CONGLOMERITE W/STREAKS OF LIMESTONE		630	770	140
CONGLOMERITE W/STREAKS OF SANDSTONE	X	770	790	20
CONGLOMERITE W/STREAKS OF LIMESTONE	X	790	900	110

8. WELL CONSTRUCTION
 Depth Drilled 900 Feet Depth Cased 900 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>12 1/4</u> Inches	<u>0</u> Feet <u>660</u> Feet
<u>7 7/8</u> Inches	<u>660</u> Feet <u>900</u> Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8 5/8</u>	<u>16.9</u>	<u>.188</u>	<u>+2</u>	<u>660</u>
<u>4 1/2</u>	<u>SDR 20</u>	<u>PVC</u>	<u>0</u>	<u>900</u>

Perforations:
 Type perforation SCREEN
 Size perforation HORIZONTAL SLOT

From	feet to	feet
<u>780</u>	<u>800</u>	<u>800</u>
<u>820</u>	<u>840</u>	<u>840</u>
<u>860</u>	<u>880</u>	<u>880</u>

Surface Seal: Yes No Seal Type:
 Depth of Seal 660 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 500 feet to 900 feet

9. WATER LEVEL
 Static water level 435 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 WATER WELL SERVICES Contractor
 Address 6475 GARY AVE.
LAS VEGAS, NV 89139

Nevada contractor's license number issued by the State Contractor's Board 022311B
 Nevada driller's license number issued by the Division of Water Resources 1594
 Signed [Signature] on-site driller
 By driller performing actual drilling on site or contractor
 Date 8/17/99

Date started 8/4, 1999
 Date completed 8/10, 1999

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

