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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. 16662

1. OWNER Contini LU NV ADDRESS AT WELL LOCATION on Broadbent west of Redel Rd
 MAILING ADDRESS _____
 2. LOCATION 1/4 Sec 24 T 21 R 62 E Clark County
 PERMIT NO. OW1110 Issued by Water Resources Parcel No. 62-26-202-005 Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE Deewater
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other Borehole

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Asfalt</u>				
<u>Topsoil & cobbles</u>		<u>0</u>	<u>4</u>	
<u>Clay</u>		<u>4</u>	<u>17</u>	
<u>Sand & gravel</u>		<u>17</u>	<u>22</u>	
<u>clay</u>		<u>22</u>	<u>30</u>	

8. WELL CONSTRUCTION
 Depth Drilled 0 Feet Depth Cased 30 Feet
 HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 30 Feet
 _____ 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>6</u>	<u>PVC</u>	<u>Sch 40</u>	<u>0</u>	<u>30</u>

 Perforations:
 Type perforation slot
 Size perforation .032
 From _____ feet to _____ feet
 From 10 feet to 30 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 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 30 feet

Date started 12-9, 19____
 Date completed 12-9, 1999

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level 9 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 CDC Contractor
 Address _____ Contractor
91761-3317
 Nevada contractor's license number issued by the State Contractor's Board 31246
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M1968
 Signed _____
 By driller performing actual drilling on site of contractor
 Date 12-8