

OFFICE USE ONLY
 Log No. **78048**
 Permit No. **212**
 Basin **212**

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. **19660**

1. OWNER **AF CONSTRUCTION/PAUL FAULKNER** ADDRESS AT WELL LOCATION **CLARK CO. DETENTION CENTER 1ST & LEWIS LAS VEGAS, NV**
 MAILING ADDRESS **3635 W. TRAIN AVE., #A LAS VEGAS, NV 89103**
 2. LOCATION **SE 1/4 NW 1/4 Sec. 34 T 20 N/S R 61 E CLARK** County
 PERMIT NO. **DW-1100A** **139-34-210.037** **REGIONAL JUSTICE CENTER**
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other **DEWATER**
 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 | Thick-ness |
|-------------------------|--------------|------|-----|------------|
| 14 DEWATER WELLS | | | | |
| All 14 wells - | | | | |
| Sandy clay | | 0' | 7' | |
| Caliche | | 7 | 8 | |
| Green Sandy Clay | | 8 | 20 | |
| Caliche | | 20 | 25' | |
| Sandy Clay | | 25 | 30' | |

7. WELL CONSTRUCTION **30'** Feet
 Depth Drilled **30'** Feet Depth Cased **30'** Feet
 HOLE DIAMETER (BIT SIZE)
 From **24"** Inches To **0'** Feet **30'** Feet
 From **0'** Feet **30'** Feet
 From **0'** Feet **30'** Feet
 CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 14" | 36.7 | .250 | 0' | 30' |

 Perforations: Machine slotted
 Type perforation **250**
 Size perforation **250**
 From **10** feet to **20** feet
 Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From **30** feet to **0** feet
 9. WATER LEVEL
 Static water level: **10'** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **12/22**, 19**99**
 Date completed **12/28**, 19**99**

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
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10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **ALLEN DRILLING INC.**
 Address **4847 S. VALLEY VIEW LAS VEGAS, NV 89103**
 Nevada contractor's license number **18916**
 issued by the State Contractor's Board
 Nevada driller's license number issued by the **1301-7**
 Division of Water Resources, the on-site driller:
 Signed **David S. [Signature]**
 By driller performing actual drilling on site or contractor
 Date **1-13-00**