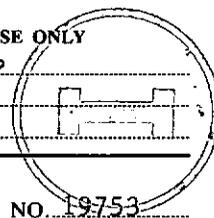


OFFICE USE ONLY
 Log No. 81013
 Permit No. _____
 Basin 212



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. 19753

1. OWNER SUNDANCE BUILDERS ADDRESS AT WELL LOCATION 4985 PIONEER AVE. L.J.
3435 S DECATUR BLVD
 MAILING ADDRESS _____
 2. LOCATION NE $\frac{1}{4}$ NE $\frac{1}{4}$ Sec. 13 T. 21 N/S R. 60 E. CLARK County
 PERMIT NO. 163-13-504-009 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources _____

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	Thick-ness
205 FT. TOTAL DEPTH				
8" CASING				
35 FT. STATIC WATER LEVEL				
CLEANED WELL WITH RIG TO BOTTOM.				
QUICKSAND AT 205 FT.				
CASING RUSTED AWAY FROM 35 FT. TO BOTTOM OF WELL.				
SET TREMIE PIPE TO 200 FT. AND PUMPED 151 SACKS PORTLAND CEMENT TO TOP OF HOLE.				
<u>PLUGGING OF LOG 55565</u>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type perforation _____
 Size perforation _____

From _____	feet to _____	feet
From _____	feet to _____	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

Depth of Seal _____

Placement Method: Pumped Poured

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 7/5/00 XX
 Date completed 7/6/00 XX

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

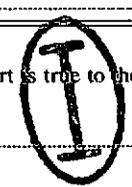
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

9. WATER LEVEL

Static water level _____ 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. Contractor
LAS VEGAS, NV 89139
 Nevada contractor's license number issued by the State Contractor's Board 22311B
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1594
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date 7/7/00