

OFFICE USE ONLY
 Log No. 81015
 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. 16851

1. OWNER Station Casinos ADDRESS AT WELL LOCATION 2101 Texas Stn Ln, NV, NV
 MAILING ADDRESS 2411 W Sahara Ave
Las Vegas, NV 89102
 2. LOCATION SE 1/4 NE 1/4 Sec 19 T 20 N 61 E Clark County
 PERMIT NO. 139-17-600-001 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	Thick-ness
<u>Sandy Clay</u>		<u>0</u>	<u>2.5</u>	<u>2.5</u>
<u>Caliche</u>		<u>2.5</u>	<u>8</u>	<u>5.5</u>
<u>Sandy Clay</u>		<u>8</u>	<u>30</u>	<u>22</u>
<u>Silty Clay</u>		<u>30</u>	<u>33</u>	<u>3</u>
<u>(3-5)</u>				

8. WELL CONSTRUCTION
 Depth Drilled 33 Feet Depth Cased 31 Feet
 HOLE DIAMETER (BIT SIZE)
6 Inches 0 Feet 33 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>			<u>0</u>	<u>31</u>

Perforations:
 Type perforation slotted
 Size perforation 0.020
 From 16 feet to 31 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 8 _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 13 feet to 33 feet

9. WATER LEVEL
 Static water level 20.5 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 7-28-00, 19_____
 Date completed 7-28-00, 19_____

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)	

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Western Technologies Inc. Contractor
 Address _____ Contractor
 Nevada contractor's license number issued by the State Contractor's Board 0043295
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1761
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 7-28-00