

Log No. 81522
Permit No. 212
Basin 212

WELL DRILLER'S REPORT

**PRINT OR TYPE ONLY
DO NOT WRITE ON BACK**

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 21991

1. OWNER UNION COOP
MAILING ADDRESS 3276 S. SAUNDERS AVE
3276 S. SAUNDERS AVE
SPRING VALLEY NV 89233

ADDRESS AT WELL LOCATION
5860 W. CHARLESTON BLVD
LA3 VEGAS

2. LOCATION SUN 1/4 SE 1/4 Sec 36 T40S R00E
PERMIT NO. 139-36-408-001

NOR CO E
Union STATION H 4968 County
Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. Domestic
 Municipal/Industrial Monitor Stock Air Rotary
 Other

5. WELL TYPE
 Cable Rotary
 Other

LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Bucket full		0	3	
91 CTS		3	8	
CRUCIBLE SHOTS		8	12	
3 shells		12	30	
SPURDIE SHOTS		30	45	
up 6 shells				
CRUCIBLE SHOTS		45	55	

8. WELL CONSTRUCTION

Depth Drilled 55 Feet Depth Cased 40 Feet

HOLE DIAMETER (BIT SIZE)

From To

10 Inches 0 Feet 55 Feet

Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>		<u>640</u>	<u>0</u>	<u>40</u>

Perforations:

Type perforation SUBMERGED
Size perforation 5/8
From 45 feet to 53 feet
From 45 feet to 53 feet
From 45 feet to 53 feet
From 45 feet to 53 feet

Surface Seal: Yes No Seal Type: Neat Cement
Depth of Seal 37 Pumped Cement Grout
Placement Method: Poured Concrete Grout
Gravel Packed: Yes No
From 37 feet to 55 feet

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

DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name TTF Dooling Contractor
Address 9231 Descendera Ave
FURNACE CA 92335 Contractor

Nevada contractor's license number 0045849
issued by the State Contractor's Board.

Nevada driller's license number issued by the
Division of Water Resources, the on-site driller: 11-1797-TY

Signed [Signature]
By driller performing actual drilling on site or contractor
Date 12-18-00

7. WELL TEST DATA
Date started 12-13-00
Date completed 12-15-00

TEST METHOD:	Bailer	Pump	Air Lift	Time (Hours)
G.P.M.				
(Feet Below Static)				