

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. 21046

OFFICE USE ONLY
Log No. 84698
Permit No. 212
Basin

1. OWNER CHEVRON
MAILING ADDRESS PO Box 2833
Lakona, CA 90632

ADDRESS AT WELL LOCATION
1551 N. Decatur Blvd
Las Vegas NV

2. LOCATION NE 1/4 NE 1/4 Sec 25 T 20 N 60 E Clark County

PERMIT NO. 13825503005

Subdivision Name

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

LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
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Casing was pulled hole was grouted (pumped)

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 Inches _____ Feet _____
 Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.5</u>		<u>5/16 40</u>	<u>0'</u>	<u>25'</u>

Perforations:
 Type perforation Febbery slot
 Size perforation 0.20
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Near Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped
 Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

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 Redding Drilling
 Contractor
 Address 8170 Haver
Las Vegas NV
 Nevada contractor's license number 38155
 issued by the State Contractor's Board
 Nevada driller's license number issued by the M-1869
 Division of Water Resources, on-site driller

Signed _____
 By driller performing actual drilling on site or contractor
 Date 11-19-01

Date started Nov 1, 2001 19____
 Date completed Nov 1, 2001 19____

7. WELL TEST DATA
 TEST METHOD: Bailor Pump Air Lift
 G.P.M. Draw Down (Feet Below Static) Time (Hours)

LAS VEGAS OFFICE

NOV 27 2001