

PRINT OR TYPE ONLY
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WELL DRILLER'S REPORT

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

OFFICE USE ONLY
 Log No. 85792
 Permit No. _____
 Basin. 212
 NOTICE OF INTENT NO. 20943

1. OWNER Terrill Herbst Oil Co ADDRESS AT WELL LOCATION 4875 West Spruce Mountain Rd, Las Vegas, NV. 89109
 MAILING ADDRESS 5195 Las Vegas Blvd Las Vegas, NV 89119
 2. LOCATION NW 1/4 NW 1/4 Sec. 18 T. 21 N. R. 61 E. Clark County
 PERMIT NO. 162-18-201-001 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 HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Silty gravel</u>		<u>0</u>	<u>5</u>	<u>5</u>
<u>Caliche</u>		<u>5</u>	<u>15</u>	<u>10</u>
<u>Brown clay w/gravel</u>		<u>15</u>	<u>25</u>	<u>10</u>
<u>Caliche</u>		<u>25</u>	<u>30</u>	<u>5</u>
<u>Gravel</u>	<u>30</u>	<u>30</u>	<u>38</u>	<u>8</u>

DCNR/DWR
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APR 05 2002
LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 30 Feet Depth Cascd 38 Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 1/4 Inches To 0 Feet 38 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4 1/4</u>	<u>Sch 40</u>	<u>1/4 inch</u>	<u>0</u>	<u>38</u>

Perforations:
 Type perforation machine slotted
 Size perforation .020
 From 18 feet to 38 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 0 to 15 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 15 feet to 38 feet

9. WATER LEVEL
 Static water level 30 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature cool °F Quality good

Date started 2-5-02, 19____
 Date completed 2-5-02, 19____

7. WELL TEST DATA

TEST METHOD:	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 MCCS Drilling Contractor
 Address 1930 Village Center Circle Ste 3-386 Contractor
Las Vegas, NV. 89134
 Nevada contractor's license number issued by the State Contractor's Board 47851
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2044-TI
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 2-7-02