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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

NOTICE OF INTENT NO. 22673

1. OWNER EQUINA SERVICES ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 4130 N. 83RD AVE 2400 S. LAKE MEAD BLVD
PHOENIX, AZ 85033 N. LAS VEGAS, NV
 2. LOCATION SE 1/4 NE 1/4 Sec 23 T. 20 N. DR. 61 E Clark County
 PERMIT NO. _____
 Issued by Water Resources 139-23-610-006 Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED New Well Replace Recondition Deepen Abandon Other _____
 4. PROPOSED USE MW-2 Domestic Municipal/Industrial Irrigation Test Monitor Stock
 5. WELL TYPE Cable Rotary RVC Air Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Fill</u>		<u>0</u>	<u>3</u>	
<u>Clay</u>		<u>3</u>	<u>17</u>	
<u>Caliche</u>		<u>17</u>	<u>19</u>	
<u>Clay</u>		<u>19</u>	<u>30</u>	

8. WELL CONSTRUCTION
 Depth Drilled 30 Feet Depth Cased 30 Feet
 HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 30 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</u>		<u>sch 40</u>	<u>0</u>	<u>30</u>

Perforations:
 Type perforation SLOTTED
 Size perforation 0.020
 From 15 feet to 30 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement
 Depth of Seal 0-13 Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured Bentonite
 Gravel Packed: Yes No
 From 13 feet to 30 feet

9. WATER LEVEL
 Static water level 17.5 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 KLEINFELDER
 Address 6380 S. POLARIS AVE.
LAS VEGAS, NV 89118
 Nevada contractor's license number 34699
 issued by the State Contractor's Board
 Nevada driller's license number issued by the M2059
 Division of Water Resources, the on-site driller
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 3-13-02

Date started 2-18-2002, 19_____
 Date completed 2-18-2002, 19_____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			