

OFFICE USE ONLY
 Log No. 85920
 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. 22492

1. OWNER TOSCO MARKETING COMPANY ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 1500 N. PINEST DRIVE
TEMPE AZ 85281

2. LOCATION SE 1/4 SE 1/4 Sec 20 T. 21 N/S R. 61 E MDB&M CLARK County _____
 PERMIT NO. _____ Parcel No. 162-20-701-012 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 Monitor

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>ABANDON 21</u>				
<u>4" MONITOR WELLS</u>				
<u>Pull casing & screen</u>				
<u>Pressure Grout</u>				
<u>with Portland Cement</u>				
<u>avg 35' TO SURFACE</u>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From _____ To _____

_____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
 Type perforation _____
 Size perforation _____

From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout

Depth of Seal _____

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 State Drilling Services LLC Contractor
7150 Phoen RD
LAS VEGAS NV 89119 Contractor

Nevada contractor's license number 51266
 issued by the State Contractor's Board

Nevada driller's license number issued by the 2193
 Division of Water Resources, the on-site driller

Signed [Signature]
 By driller performing actual drilling on site or contractor

Date 4/8/02

Date started 4/4/02 19____
 Date completed 4/5/02 19____

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)