

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 91383
 Permit No. _____
 Basin. 212

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. 21126

1. OWNER CLARK CO. ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 500 S GRAND CENTRAL PKWY
LAS VEGAS, NEVADA
 2. LOCATION SE 1/4 SE 1/4 Sec 27 T 21 N R 62 E CLARK County
 PERMIT NO. 161-27-896-002 Parcel No. NA Subdivision Name _____

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
INTENT WAS TO PLUG 30 WELLS				
ONLY 18 WERE DRILLED				
OF THE 18, ONLY 8 WERE				
PLUGGED. WILL FILE ANOTHER				
INTENT TO PLUG, WHEN OWNER				
ALLOWS US TO PLUG REMAINING				
WELLS.				
ALL 8 CASINGS WERE PULLED				
AND THE REMAINING 10 OF				
HOLE WAS CAPPED WITH CONCRETE				
GROUT.				

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 _____

Date started AUGUST 6, 2003 19____
 Date completed AUGUST 6, 2003 19____

7. WELL TEST DATA

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 KELLEY DEWATERING & CONST. CO. Contractor
 Address 5175 CLAY AVE Contractor
WYOMING, WY. 80958
 Nevada contractor's license number 50826
 issued by the State Contractor's Board
 Nevada driller's license number issued by the ABDS 2149
 Division of Water Resources, the on-site driller
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 10-3-03