

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

OFFICE USE ONLY
 Log No. 91384
 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 NA CLARK
 Issued by Water Resources Parcel No. Subdivision Name

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
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, MI. 49548
 Nevada contractor's license number issued by the State Contractor's Board 50826
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller ABDS 2149
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 10-3-03