WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

# 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. 986028
Permit No. 58078 E
Basin 213

NOTICE OF INTENT NO. 28612

1. OWNER JACK STANT (SCE)
MAILING ADDRESS 655 BRUCE WOODBURY DR.
LAUGHLIN NEV 89029
ADDRESS AT WELL LOCATION 655 BRUCE WOODBURY DR, LAUGHLIN NEV 89029
2. LOCATION SE ¼ SE ¼ Sec. 24 T. 32 N/S R. 66 E. CLARK County
PERMIT NO. 58078E (Issued by Water Resources) 264-23-000-001 (Parcel No.) N/A (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

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thickness |
|---|---|---|---|---|
| Perforate 8" CASING with Roscoe Moss 8" Mills Knife 4 cuts per Foot from 245' to 150' & pressure grout with neat cement to surface | | | | |

DCNR/DWR RECEIVED DEC 12 2005 LAS VEGAS OFFICE

Date started 11-10, 2005
Date completed 11-11, 2005

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

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

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
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal
Placement Method: ☒ Pumped ☐ Poured
Seal Type: ☒ Neat Cement ☐ Cement Grout ☐ Concrete Grout

Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level 225 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 LAYNE CHRISTENSEN CO. (Contractor)
Address 11001 ETIWANDA AVE, FONTANA CA 92337 (Contractor)
Nevada contractor's license number issued by the State Contractor's Board 0019101
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1682
Signed ____ (By driller performing actual drilling on site or contractor)
Date 12-01-05

(Rev. 12-01) USE ADDITIONAL SHEETS IF NECESSARY 101-627