

2 wells

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

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY

Log No. 98567

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. 28835

1. OWNER TERRELL HERBST OIL CO. ADDRESS AT WELL LOCATION 4895 W. SPRING MOUNTAIN RD., LAS VEGAS, NV

MAILING ADDRESS 5795 LAS VEGAS BLVD S., LAS VEGAS, NV 89119

2. LOCATION SW 1/4 NW 1/4 Sec. 18 T. 21 N. 30R W. E. CLARK County

PERMIT NO. 162-18-201-C01 Issued by Water Resources Parcel No. _____ 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 MSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>TYPE II</u>		<u>0.0</u>	<u>3.0</u>	<u>3.0</u>
<u>caliche</u>		<u>3.0</u>	<u>7.0</u>	<u>4.0</u>
<u>silty sand</u>		<u>7.0</u>	<u>11.0</u>	<u>4.0</u>
<u>sandy clay</u>		<u>11.0</u>	<u>50.0</u>	<u>39.0</u>
<u>clay w/ gravel</u>		<u>50.0</u>	<u>65.0</u>	<u>15.0</u>

8. WELL CONSTRUCTION

Depth Drilled 65 Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>9.0</u> Inches	<u>0.0</u> Feet <u>65.0</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>	<u>SCHEDULE 40</u>	<u>AW</u>	<u>0.0</u>	<u>65.0</u>

Perforations:

Type perforation MACHINE SLOTTED

Size perforation 0.20

From 55.0 feet to 65.0 feet

From _____ feet to _____ feet

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

Depth of Seal 50'

Placement Method: Pumped
 Poured

Gravel Packed: Yes No

From 52.0 feet to 65.0 feet

9. WATER LEVEL

Static water level 38.0 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 W.D.C. Explorations & Wells Contractor

Address 570 COLUMBIAN LAS VEGAS, NV 89030 Contractor

Nevada contractor's license number issued by the State Contractor's Board 0012852

Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2202

Signed _____
 By driller performing actual drilling on site or contractor

Date 1/13/06

Date started 1-12, 2006

Date completed 1-13, 2006

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

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

DCNR/DWR
RECEIVED

IAN 18 2006

LAS VEGAS OFFICE