

OFFICE USE ONLY
 Log No. 98627
 Permit No. 58078E
 Basin 213

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. 28612

1. OWNER Jack Stant (SCE) ADDRESS AT WELL LOCATION 655 BRUCE
 MAILING ADDRESS 655 BRUCE WOODBURY DR. LAUGHLIN NEV 89029
 2. LOCATION SE 1/4 SE 1/4 Sec. 24 T. 32 N/S R. 66 E CLARK County
 PERMIT NO. 59078E Issued by Water Resources Parcel No. 264-23-000-051 Subdivision Name NA

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	Thick-ness
<u>BRN Silty SAND & GRAVEL, & COBBLES</u>		<u>0</u>	<u>35</u>	<u>35</u>
<u>BRN Silty SAND & GRAVEL COBBLES & Boulders</u>		<u>35</u>	<u>65</u>	<u>30</u>
<u>BRN Silty SAND & GRAVELS with COBBLES INCREASE IN GRAVEL</u>	<u>200</u>	<u>65</u>	<u>225</u>	<u>160</u>
<u>BRWN Silty SAND FINE to med. SAND & GRAVEL</u>		<u>225</u>	<u>340</u>	<u>115</u>

DCNR/DWR RECEIVED
 DEC 12 2005
 LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 342 Feet Depth Cased 340 Feet
 HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 0 Feet 342 Feet
Inches.....Feet.....Feet
Inches.....Feet.....Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>		<u>Sched 80</u>	<u>200</u>	<u>12</u>

Perforations:
 Type perforation HORIZONTAL slot
 Size perforation 0.040
 From 340 feet to 200 feet
 From.....feet to.....feet
 From.....feet to.....feet
 From.....feet to.....feet
 From.....feet to.....feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 190' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 342 feet to 190 feet

9. WATER LEVEL
 Static water level 221 feet below land surface
 Artesian flow.....G.P.M.....P.S.I.
 Water temperature.....°F Quality.....

Date started 11-17-05
 Date completed 11-18-05

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

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 ETIVANDA AVE Contractor
FONTANA CA. 92337
 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 [Signature]
 By driller performing actual drilling on site or contractor
 Date 12-01-05