

OFFICE USE ONLY
 Log No. 981630
 Permit No. 66551E
 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. 28613

1. OWNER JACK STANT (SCE) ADDRESS AT WELL LOCATION 655 BRUCE WOODBURY DR. LAUGHLIN NEV 89029
 MAILING ADDRESS 655 BRUCE WOODBURY DR. LAUGHLIN NEV 89029

2. LOCATION S/W 1/4 N/W 1/4 Sec. 24 T. 32 S. N/S R. 66 E. CLARK County
 PERMIT NO. 66551 E Issued by Water Resources Parcel No. 264-32-000-001 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
SANDY GRAVEL, COURSE GRAINS SAND & COBBLES		0	115	115
SANDY GRAVEL, SAND COBBLES & BOULDERS		115	160	45
BROWN & TAN SAND		160	185	25
GRAVEL, RED & BROWN SAND WITH BOULDERS		185	245	60
COURSE SAND, GRAVEL & BOULDERS		245	300	55

DCNR/DWR RECEIVED
 DEC 12 2005
 LAS VEGAS OFFICE

8. WELL CONSTRUCTION
 Depth Drilled 300 Feet Depth Cased 300 Feet

HOLE DIAMETER (BIT SIZE)
 From 12 1/4 Inches To 0 Feet 300 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 P/C</u>		

Perforations:
 Type perforation HORIZONTAL SLOT
 Size perforation .040
 From 300 feet to 160 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

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

Depth of Seal 145
 Placement Method: Pumped Poured
 Concrete Grout

Gravel Packed: Yes No
 From 300 feet to 145 feet

9. WATER LEVEL
 Static water level 158.32 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 11-19, 2005
 Date completed 11-29, 2005

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 EDWARD 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 _____
 Date 12-2-05