

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

OFFICE USE ONLY
Log No. 103955
Permit No. _____
Basin 161

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. 34693
UniCorp (cold creek)

1. OWNER Archie Kibbe
MAILING ADDRESS P.O. Box 1012
Beath, NV 89003

ADDRESS AT WELL LOCATION
Subdivision Name: _____ County: CLARK

2. LOCATION NE 1/4 NE 1/4 Sec 36 T 17 N/S R 35 E
PERMIT/WAIVER No. _____
Parcel No. 09A-36-301-009

Latitude 36D 26.007N UTM E NAD 27
Longitude 115D 44.498W N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen 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>loose sand + gravel</u>		<u>0</u>	<u>30</u>	<u>30</u>
<u>limestone + gravel</u>		<u>30</u>	<u>60</u>	<u>30</u>
<u>limestone</u>		<u>60</u>	<u>80</u>	<u>20</u>
<u>gravel cemented</u>		<u>80</u>	<u>150</u>	<u>70</u>
<u>limestone</u>		<u>150</u>	<u>155</u>	<u>5</u>
<u>sand + clay</u>		<u>155</u>	<u>165</u>	<u>10</u>
<u>sands + gravel</u>	<u>270</u>	<u>165</u>	<u>300</u>	<u>135</u>
<u>limestone</u>		<u>300</u>	<u>320</u>	<u>20</u>
<u>limestone fractured</u>		<u>320</u>	<u>350</u>	<u>30</u>

9. WELL CONSTRUCTION

Depth Drilled 350 Feet Depth Cased 350 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>10 1/4</u>	<u>0</u>	<u>300</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>6</u>	<u>F480</u>		<u>0</u>	<u>350</u>

Perforations:

Type of perforation SAW CUT
Size of perforation 1/8 x 4

From 270 feet to 350 feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement 0 to 100 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No _____ to _____ Pumped Poured
Type: _____
Bentonite Chips: Yes No _____ to _____ Pumped Poured
Type: _____

Date started: _____ :20
Date completed: _____ :20

7. Water Level
Static water level: 217 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<u>80</u>		<u>30 min</u>

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Redding Drilling & Pump Svc. Contractor
Address 530 E Larson Ln Contractor
Henderson, NV 89044

Nevada contractor's license number issued by the State Contractor's Board 38155
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2063

Signed Ron Touhy
By driller performing actual drilling on site or contractor
Date 10-17-07