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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. **10543**

1. OWNER **THE SOUTHLAND CORP.** ADDRESS AT WELL LOCATION **1101 E. BONANZA LAS VEGAS NV**
 MAILING ADDRESS **7167 S. ALTON WY ENGLEWOOD CO 80112**
 2. LOCATION **SW 1/4 SW 1/4 Sec. 26 T. 20 N. R. 61 E. CLARK** County
 PERMIT NO. **WATER NO 543A** 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.....

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
SILTY CLAY	N	0.5	2	
SILTY SAND		2	5 1/2	
CALICHE		19	?	?
SILTY CLAY		0	5 1/2	5 1/2
SILTY SAND	Y	5 1/2	19	14 1/2
CALICHE	N	19	?	?

8. WELL CONSTRUCTION
 Depth Drilled **20** Feet Depth Cased **18 1/2** Feet
 HOLE DIAMETER (BIT SIZE)
 From **7 1/8** Inches To **20** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
A		5/16 40	0	18 1/2

Perforations:
 Type perforation **SLOTTED SCREEN**
 Size perforation **0.020"**
 From **18 1/2** feet to **8 1/2** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **7** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **18 1/2** feet to **8** feet

RECEIVED
 NOV 30 1992
 Div. of Water Resources
 Branch Office - Las Vegas, NV

Date started **10-1**, 19**92**
 Date completed **10-1**, 19**92**

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level **210** 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 **WESTERN TECHNOLOGIES** Contractor
 Address **3611 W. TOMPKINS AVE. LAS VEGAS NV 89103** Contractor
 Nevada contractor's license number issued by the State Contractor's Board **M1761**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller.
 Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date _____