

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

OFFICE USE ONLY
 Log No. **44729**
 Permit No. **212**
 Basin.....

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. **10562**

1. OWNER **SUMMA Corp** ADDRESS AT WELL LOCATION
 MAILING ADDRESS **3800 Howard Hughes Pkwy** **NEC Rancho & Carey**
Las Vegas, NV 89109

2. LOCATION **SE** 1/4 **SW** 1/4 Sec. **18** T. **20** N/S R. **61** E. **Clark** County
 PERMIT NO. **MO-2428** **110-090-001** 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 **MW-1**

| Material | Water Strata | From | To | Thick-ness |
|--------------------|--------------|------|----|------------|
| Fill - SAND/GRAVEL | | 0 | 3 | 3 |
| SANDY CLAY | | 3 | 5 | 2 |
| CALICHE | | 3 | 7 | 2 |
| SANDY CLAY | | 7 | 8 | 1 |
| CALICHE | | 8 | 11 | 3 |
| SILTY CLAY | | 11 | 20 | 9 |
| SANDY CLAY | Y | 20 | 21 | 1 |
| CALICHE | Y | 21 | 23 | 2 |
| SANDY CLAY | Y | 23 | 35 | 12 |

8. WELL CONSTRUCTION
 Depth Drilled **35** Feet Depth Cased **34** Feet

HOLE DIAMETER (BIT SIZE)
 From **6** Inches To **0** Feet **35** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 2 | PVC | sch 40 | 0 | 34 |

Perforations:
 Type perforation **slotted**
 Size perforation **.010"**

From **34** feet to **19** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **18** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From **35** feet to **18** feet

9. WATER LEVEL
 Static water level **19.11** 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 **Tim Aton c/o WTI** Contractor
 Address **3611 W. Tompkins Ave** Contractor
LV, NV 89103

Nevada contractor's license number _____
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **41761**

Signed **[Signature]**
 By driller performing actual drilling on site or contractor
 Date **4/13/94**

Date started **4/1** 19**94**
 Date completed **4/1** 19**94**

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 | | | |
| | | | |
| | | | |
| | | | |