

OFFICE USE ONLY
 Log No. 53738
 Permit No. _____
 Basin 212



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. 15092

1. OWNER B+M Transmission ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 1527 S. Main St Same
L.V. NV 89104

2. LOCATION SW 1/4 NW 1/4 Sec. 3 T. 21 N. 01 E Clark County
 PERMIT NO. MO-2731 162-03-210-034
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 Auger

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|-------------------------|--------------|------|------|------------|
| Asphalt Fill | | 0 | 2.5 | 2.5' |
| Brn Clay | | 2.5 | 8.5 | 6 |
| Gray White Clay | | 8.5 | 13 | 4.5 |
| White Gravelly Clay | ∇ | 13 | 15.5 | 2.5 |
| Caliche | | 15.5 | 16.5 | 1 |
| White Brn Gravelly Clay | | 16.5 | 18.5 | 2 |
| Caliche | | 18.5 | 20 | 1.5 |

8. WELL CONSTRUCTION
 Depth Drilled 20 Feet Depth Cased 20 Feet

HOLE DIAMETER (BIT SIZE)
 From 8 Inches To 0 Feet 20 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>2</u> | | | <u>0</u> | <u>5'</u> |

Perforations:
 Type perforation Staggered
 Size perforation 1/2"
 From 5 feet to 20 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 3' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout

Gravel Packed: Yes No
 From 20 feet to 4 feet

9. WATER LEVEL
 Static water level 13 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 7-6 1996
 Date completed 7-6 1996

7. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

| G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|--------|-------------------------------|--------------|
| | | |
| | | |
| | | |

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Terracon Consultant Contractor
 Address 4343 S. Polaris Contractor
L.V. 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. M-2017
 Signed Benudh A. Kutansi
 By driller performing actual drilling on site or contractor
 Date 8-12-96