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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. 18519

1. OWNER Sandt Corp ADDRESS AT WELL LOCATION On Tension  
 MAILING ADDRESS 2940 E Flamingo W of Scottwood  
LL NV 89121  
 2. LOCATION 1/4 Sec 18 T. 21 N. R. 60 E Clark County  
 PERMIT NO. NW 1060 Parcel No. 161-18-499-007 Subdivision Name \_\_\_\_\_  
 Issued by Water Resources

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE dewater WELL TYPE  
 Domestic  Irrigation  Test  Cable  Rotary  RVC  
 Municipal/Industrial  Monitor  Stock  Air  Other Bucket

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>ASPLT</u>		<u>0</u>	<u>6</u>	<u>6</u>
<u>Fill</u>		<u>6</u>	<u>3</u>	<u>2</u>
<u>Clay</u>		<u>3</u>	<u>12</u>	<u>9</u>
<u>Caliche gravel</u>		<u>12</u>	<u>14</u>	<u>2</u>
<u>gravel &amp; clays</u>		<u>14</u>	<u>17</u>	<u>3</u>
<u>sand w/ clays</u>		<u>17</u>	<u>40</u>	<u>23</u>

8. WELL CONSTRUCTION  
 Depth Drilled 40 Feet Depth Cased 40 Feet  
 HOLE DIAMETER (BIT SIZE)  
 From 24 Inches To 40 Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet  
 \_\_\_\_\_ Inches \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>8</u>	<u>42</u>	<u>5/16</u>	<u>0</u>	<u>40</u>

Perforations:  
 Type perforation Slot  
 Size perforation .003  
 From 10 feet to 30 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 \_\_\_\_\_  
 Placement Method:  Pumped  Poured  
 Gravel Packed:  Yes  No  
 From 0 feet to 40 feet

9. WATER LEVEL  
 Static water level 15 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. P.S.I.  
 Water temperature 100 °F Quality good

Date started 8-21, 1996  
 Date completed 8-21, 1996

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)	

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name GDC Contractor  
 Address 536 E. Mainland Contractor  
Ontario CA  
 Nevada contractor's license number 0031246 issued by the State Contractor's Board  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1968  
 Signed [Signature]  
 By driller performing actual drilling on site or contractor  
 Date 8-21-96