

Log No. 51018
Permit No. 212
Basin 212

WELL DRILLER'S REPORT
Please complete this form in its entirety

NOTICE OF INTENT NO. 19



INT OR TYPE ONLY

ADDRESS AT WELL LOCATION: 428 South Valley Blvd Clark County

1. OWNER CABLE K STORES INC
MAILING ADDRESS 3003 N CENTRAL AV
Phoenyx AZ 85012

ADDRESS AT WELL LOCATION: 428 South Valley Blvd NV Clark County

2. LOCATION SW 1/4, NE 1/4, Sec 31 T 20 N 9R 601 E E
Book 137 P. 31 MAP 602

Subdivision Name: AS VEGAS NV

3. TYPE OF WORK
New Well Recondition Other
Deepen Municipal

4. PROPOSED USE
Domestic Irrigation Industrial Test Stock Other
5. TYPE WELL
Cable Rotary Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>caliche</u>		<u>0</u>	<u>7</u>	<u>7</u>
<u>clc</u>		<u>7</u>	<u>54</u>	<u>27</u>

8. WELL CONSTRUCTION
Diameter: 8 inches Total depth: 30 feet
Casing record: _____ Thickness: _____
Weight per foot: _____
Diameter: _____ From _____ To _____
inches _____ feet _____ feet
Surface seal: Yes No Type cement feet
Depth of seal: 14 feet
Gravel packed: Yes No feet to 30 feet
Gravel packed from: 14 feet to _____ feet

Perforations: slotted
Type perforation: _____
Size perforation: 0.020 feet to 30 feet
From _____ feet to _____ feet

9. WATER LEVEL
Static water level: _____ feet below land surface
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: Bart Longley Contractor
Address: 1370 Commerce Ln., Greensburg, TN
Contractor

Nevada contractor's license number _____
issued by the State Contractor's Board 2012157
Nevada contractor's driller's number _____
issued by the Division of Water Resources _____
Nevada driller's license number issued by the
Division of Water Resources 1925
Signed: _____
By driller performing start drilling on site or contractor
Date: 8/26/96

Date started: 7-16 1996
Date completed: 7-16 1996
7. WELL TEST DATA
Pump RPM _____ G.P.M. _____ Draw Down _____ Alter Hours Pump _____
BAILER TEST
G.P.M. _____ Draw down _____ feet _____ hours
G.P.M. _____ Draw down _____ feet _____ hours
G.P.M. _____ Draw down _____ feet _____ hours