

OFFICE USE ONLY
 Log No. 54807
 Permit No. 812
 Basin: 812

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

NOTICE OF INTENT NO.



1. OWNER CABLE K STORES INC.
 MAILING ADDRESS 3303 N CAVAL AV

ADDRESS AT WELL LOCATION VIEW BLVD
LAS VEGAS NV

2. LOCATION SR 22 85012
Therapy

Clark County
 T 20 N 01 E S 1
 Block 137 P. 31 M 49 602
 Subdivision Name

PERMIT NO. NO 2632 ADD 3
 Issued by Water Resources

1. No. 002

3. TYPE OF WORK
 New Well Recondition Other
 Deepen Other

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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>collected</u>		<u>0</u>	<u>15</u>	<u>15</u>
<u>clay & fine</u>		<u>13</u>	<u>23</u>	<u>10</u>

8. WELL CONSTRUCTION

Diameter: 2 inches Total depth: 23 feet
 inches
 Casing record: 36 inches
 Weight per foot: 40 inches
 Diameter: 2 inches From 13 feet To 23 feet
 inches
 Thickness: _____

Surface seal: Yes No Type Cement feet
 Depth of seal 12 feet
 Gravel packed: Yes No feet
 Gravel packed from 12 feet to 23 feet

Performations:
 Type perforation STARTED
 Size perforation 0.020
 From _____ feet to _____ feet
 From 13 feet to 23 feet
 From _____ feet to _____ feet
 From _____ feet to _____ 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 BOB FLOYD Contractor
 Address 1530 Commerce Blvd, Greensburg, TN 37220
 Nevada contractor's license number 6010157
 issued by the State Contractor's Board
 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 1525
 Signed _____ By driller performing actual drilling on site or contractor
 Date 8/26/96



Date started 7-23 1996
 Date completed 7-23 1996

7. WELL TEST DATA

Pump RPM	G.P.M.	Draw Down	After 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