

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

OFFICE USE ONLY
Log No. 65070
Permit No. _____
Basin 212

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. 17834

1. OWNER CIRCLE K CORPORATION ADDRESS AT WELL LOCATION CIRCLE K
MAILING ADDRESS 3003 N. CENTRAL AVENUE 450 N WATER ST
PHOENIX, ARIZONA 85012 HENDERSON, NV
2. LOCATION SE 1/4 SW 1/4 Sec 7 T 22 N 63 E CLARK County
PERMIT NO. 17907410001 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 HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
BROWN SANDY SILTY GRAVELS W/ COBBLES		0	45	45
CLAY W/ LITTLE FINE SANDS LENS	55	45	65	20

8. WELL CONSTRUCTION
Depth Drilled 65 Feet Depth Cased 65 Feet
HOLE DIAMETER (BIT SIZE)
From 10 Inches To 65 Feet
Inches Feet Feet
Inches Feet Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.25	PVC	5/16	0	45

Perforations:
Type perforation SLOT
Size perforation .020
From 45 feet to 65 feet
From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
Depth of Seal 40 Neat Cement
Placement Method: Pumped Cement Grout
 Poured Concrete Grout
Gravel Packed: Yes No
From 42 feet to 65 feet

9. WATER LEVEL
Static water level 55 feet below land surface
Artesian flow _____ G.P.M. 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 WEST HAZMAT DRILLING Contractor
Address 1016 E KATELLA Contractor
ANAHEIM, CA 92805
Nevada contractor's license number issued by the State Contractor's Board 31386
Nevada driller's license number issued by the Division of Water Resources, the on-site driller
Signed [Signature]
By driller performing drilling on-site or contractor
Date APRIL 18, 1997

Date started APRIL 8, 1997
Date completed APRIL 10, 1997

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)	

RECEIVED
97 MAY 7 AM 9:37
STATE ENGINEERING OFFICE

