

Log No. **73177**
 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. **17858**
 ADDRESS AT WELL LOCATION: **530 N. LAS VEGAS BLVD**

1. OWNER **SECOR INTERNATIONAL**
 MAILING ADDRESS **1515 E TROPICANA # 200**
LAS VEGAS NV 89119
 2. LOCATION **SW 1/4 SE 1/4 Sec. 27 T 20 N R 61 E CLARK** County
 PERMIT NO. **139-27-804-001**
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE **OB-3**
 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 | 4 | 4 |
| CLAY | | 4 | 7 | 3 |
| CALICHE | | 7 | 8 | 1 |
| GRAVELLY CLAY | | 8 | 15 | 7 |
| SANDY CLAY | | 15 | 16 | 1 |
| CALICHE | | 16 | 18 | 2 |
| SANDY CLAY | | 18 | 26 | 8 |
| SILTY SAND | | 26 | 32 | 6 |

8. WELL CONSTRUCTION
 Depth Drilled **32** Feet Depth Cased **30** Feet
 HOLE DIAMETER (BIT SIZE)
 From **10** Inches To **32** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| 4.5 | 1.9 | 0.287 | 0 | 30 |

Perforations:
 Type perforation **FACTORY SLOT**
 Size perforation **0.020**
 From **10** feet to **30** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **0-6 7/8' BENTONITE** Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **8** feet to **30** feet

9. WATER LEVEL
 Static water level **18.5** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **8/12**, 19 **98**
 Date completed **8/12**, 19 **98**

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 **THOMAS HIGH (CONVERSE)**
 Address **731 PILOT RD STE H**
LAS VEGAS NV 89119
 Nevada contractor's license number **0034757**
 issued by the State Contractor's Board
 Nevada driller's license number **M1869**
 issued by the Division of Water Resources, the on-site driller
 Signed _____
 By driller performing actual drilling on site or contractor
 Date **10/30/98**