

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. 16884
 ADDRESS AT WELL LOCATION 1911 N. McDaniel St., NV, NV

1. OWNER Lake Mead Hospital Medical Center
 MAILING ADDRESS 1409 E. Lake Mead Blvd., NV, NV 89030

2. LOCATION NW 1/4 SE 23 T. 20 N. S. R. 61 E. Clark County
 PERMIT NO. 139-23-701-004
 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 _____

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|-----------------|--------------|-------|-------|------------|
| asphalt | | 0 | 0.25' | 0.25' |
| fill | | 0.25' | 2' | 1.75' |
| silty sand | | 2' | 12' | 10' |
| sandy clay | | 12' | 16.5' | 4.5' |
| clay w/ caliche | | 16.5' | 21' | 4.5' |
| clay (mwb) | | 21' | 30' | 9' |

8. WELL CONSTRUCTION
 Depth Drilled 30.5 Feet Depth Cased 30' Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 Inches To 0 Feet 30.5' Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| <u>2</u> | | | <u>0</u> | <u>30'</u> |

Perforations:
 Type perforation slotted
 Size perforation 2.010
 From 15.5 feet to 30 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No 4.25'
 Depth of Seal _____
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level: 20.6' feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 11-4-98, 19____
 Date completed 11, 19____

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 _____ Contractor
 Address _____ Contractor
 Nevada contractor's license number issued by the State Contractor's Board: _____
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: _____
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date _____