

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. 16616

1. OWNER Mike Jacobson ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS _____
 2. LOCATION NW 1/4 NE 1/4 Sec. 27 T. 22 N/S R. 60 E Clark County
 PERMIT NO. 174-27-501-001 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	Thickness
Sand Gravel Boulder		0	185	
Lime Stone		185	220	
Red Sandstone		220	280	
Yellow Sandstone		280	290	
Red Sandstone		290	325	
Yellow Sandstone		325	330	
White Sandstone		330	450	
Red Sandstone		450	900	
Red Sandstone	2	900	975	
Red Sandstone		975	1100	

Bore Hole Caved in From 520 to 1100 Back Filled Bore Hole From 520 with Gravel per Rock to 100 feet Then Back Filled with Native material to Surface. There was no water in this bore hole at 520 feet

IM RESPONSE TO CERT. LETTER # 2 732 283.330

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
10" Inches 0 Feet 1100 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>NO</u>	<u>Casing</u>			

 Perforations:
 Type perforation None
 Size perforation _____
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

9. WATER LEVEL
 Static water level None feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

7. WELL TEST DATA
 TEST METHOD: Bailer Pump Air Lift
 G.P.M. _____ Draw Down (Feet Below Static) _____ Time (Hours) _____
 Date started 12-20 1999
 Date completed 1-3 2000

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name Redding Drilling Contractor
 Address 86170 S. Haven
L.V. & D.V. 89123
 Nevada contractor's license number 38155
 issued by the State Contractor's Board
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1795
 Signed Michael S. Kelly
 By driller performing actual drilling on site or contractor
 Date 5-14-00