

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE-USE ONLY
 Log No. 84645
 Permit No. _____
 Basin 212
 NOTICE OF INTENT NO. 46650

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

1. OWNER Tosco Marketing Co.
 MAILING ADDRESS 3550 N. Central Avenue, 4th Floor
Phoenix, AZ 85012
 ADDRESS AT WELL LOCATION 3401 Boulder Hwy. Las Vegas
 2. LOCATION SW 1/4 SW 1/4 Sec. 6 T 21N S N/S R 62E E Clark County
 PERMIT NO. 161-06-402-001 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Domestic
 Deepen Abandon Other _____ Municipal/Industrial Irrigation Test Stock
 Monitor

4. PROPOSED USE

5. WELL TYPE
 Cable Rotary RVC
 Air Other Drpoint

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brownish Orange D.G with multi colored rock		0	4.0'	4.0'
Brown & White clay with brown sand mix		4.0'	6.0'	2.0'
Brown & White Clay mix		6.0'	10.0'	4.0'
Brown & Dark Green Clay		10.0'	12.0'	2.0'
Dark Green Clay		12.0'	13.0'	1.0'
Dark Brown Clay		13.0'	14.0'	1.0'
Dark Green Clay		14.0'	16.0'	2.0'
GP-6 T.D 16.0				

8. WELL CONSTRUCTION
 Depth Drilled 16.0 Feet Depth Cased 16.0 Feet

HOLE DIAMETER (BIT SIZE)
 From 6 Inches To 6' Feet
2-1/4 Inches 6' Feet 16.0 Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness. (Inches)	From (Feet)	To (Feet)
<u>3/4"</u>	<u>.278</u>	<u>sch 80 pvc</u>	<u>0</u>	<u>16.0</u>

Perforations:
 Type perforation factory sawed
 Size perforation .010

From <u>7.0</u> feet to <u>16.0</u> feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Surface Seal: Yes No
 Depth of Seal 5.0' Bent/Grout
 Placement Method: Pumped Poured
 Seal Type: Neat Cement Cement Grout Concrete Grout

Gravel Packed: Yes No
 From 16.0 feet to 7.0' feet

9. WATER LEVEL
 Static water level dry feet below land surface
 Artesian 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 A.S.A.P Pump & Well Service Contractor
 Address P.O Box 60130 Contractor
Reno, Nevada 89506
 Nevada contractor's license number issued by the State Contractor's Board 0035387-B
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2066
 Signed Steve Webb
 By driller performing actual drilling on-site or contractor
 Date 11/04/2001

Date started 11/01/2001 19
 Date completed 11/03/2001 19

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			