

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

OFFICE USE ONLY
 Log No. 84651
 Permit No. _____
 Basin 212
 NOTICE OF INTENT NO. 46650

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

1. OWNER Tosco Marketing Co. ADDRESS AT WELL LOCATION 3401 Boulder Hwy. Las Vegas
 MAILING ADDRESS 3550 N. Central Avenue, 4th Floor
Phoenix, AZ 85012
 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 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC Air Other Drpoint

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|--|--------------|-------------|-------------|-------------|
| <u>Brownish Orange D.G with multi colored rock</u> | | <u>0</u> | <u>4.0'</u> | <u>4.0'</u> |
| <u>Brown & White clay with brown sand mix</u> | | <u>4.0'</u> | <u>6.0'</u> | <u>2.0'</u> |
| <u>Brown & White Clay mix</u> | | <u>6.0'</u> | <u>8.0</u> | <u>2.0</u> |
| <u>G.P-12 T.D8.0</u> | | | | |

8. WELL CONSTRUCTION
 Depth Drilled 8.0 Feet Depth Cased 8.0 Feet
 HOLE DIAMETER (BIT SIZE)
 From 6 Inches To 6' Feet
2-1/4 Inches 6' Feet 8.0 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>8.0</u> |

Perforations:
 Type perforation factory sawed
 Size perforation .010
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 5.0' Bent/Grout Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 8.0 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"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | | | |