

OFFICE USE ONLY
 Log No. 88999
 Permit No. _____
 Basin 212
 NOTICE OF INTENT NO. 49998

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

1. OWNER 7-11 INC. ADDRESS AT WELL LOCATION 6510 E. LAKE MEAD BLVD LAS VEGAS
 MAILING ADDRESS PO BOX 711 DALLAS TX 75221-0711
 2. LOCATION SE 1/4 SE 1/4 Sec. 22 T. 20 S. R. 42 E. CLARKE County
 PERMIT NO. 140-22-601-002
 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 HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>SAND</u>		<u>5</u>	<u>15</u>	<u>10</u>
<u>COBBLES</u>		<u>15</u>	<u>25</u>	<u>10</u>
<u>SANDY CLAY</u>		<u>35</u>	<u>65</u>	<u>30</u>
<u>CLAY</u>		<u>65</u>	<u>100</u>	<u>35</u>

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From 10 Inches To 100 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>		<u>SCH 40</u>	<u>0</u>	

Perforations:
 Type perforation HORIZONTAL SLOT
 Size perforation .020
 From 75 feet to 100 feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 0-45 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 70 feet to 100 feet

9. WATER LEVEL
 Static water level 76 feet below land surface
 Artesian flow _____ G.P.M. P.S.I.
 Water temperature _____ °F Quality _____

Date started 10-16, 20____
 Date completed 10-17, 20____

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			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name CASCADE DRILLING INC. Contractor
 Address 11250 E. FRESTONE BLVD. NORWALK CA 90650
 Nevada contractor's license number issued by the State Contractor's Board C230051207
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1911
 Signed _____
 Date _____

RECEIVED
 02 DEC 26 PM 1:48
 STATE ENGINEERS OFFICE

CONF/DWF
 RECEIVED
 APR 21 2003

LAS VEGAS OFFICE