

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY
 Log No. **100373**
 Permit No. **212**
 Basin **212**

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **30041**

1. OWNER **3700 ASSOCIATES LLC** ADDRESS AT WELL LOCATION **3698 S. LAS VEGAS BLVD.**
 MAILING ADDRESS **667 MADISON AVE**
NEW YORK, NY 10021-8029
LAS VEGAS, NV

2. LOCATION **SW 1/4 NE 1/4 Sec 20 T 21 S R 61 E** **CLARK** County
 PERMIT NO. **DW1220** **162-20-603-007**
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other

4. PROPOSED USE **DEWATER**
 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
6-Dewatering wells				
Asphalt		0'	3"	
Brown aluvium		3"	8'	7'-9"
Caliche		8'	14'	6'
Brown silt		14'	17'	3'
Brown silty clay		17'	21'	4'
White clay		21'	26'	5'
Caliche		26'	31'	5'
Red clay		31'	33'	2'
Brown clay		33'	38'	5'
White silty clay		38'	48'	10'
Brown clay small rock		48'	51'	3'
Caliche		51'	55'	4'
Red clay		55'	63'	8'
White clay		63'	74'	12'
DCNR/DWR RECEIVED				
JUL 27 2006				
LAS VEGAS OFFICE				

8. WELL CONSTRUCTION

Depth Drilled **74** Feet Depth Cased **74** Feet

HOLE DIAMETER (BIT SIZE)

From	To
24" Inches	0 Feet 74 Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:

Type perforation **Machine**
 Size perforation **.25"x2.5x3 rows @13**

From **35** feet to **74** feet
 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 **0** feet to **74** feet

9. WATER LEVEL

Static water level _____ **12** 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 **ALLEN DRILLING INC.**
 (CONTRACTOR)

Address **4015 WEST TOMPKINS AVE.**
 (CONTRACTOR)
LAS VEGAS, NV 89103
 Nevada contractor's license number issued by the State Contractor's Board **18916 & 18917**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2231**

Signed *Vista Allen*
 By driller performing actual drilling on site or contractor
 Date **7/18/06**

Date started **6/21, 20 06**
 Date completed **7/6, 20 06**

7. WELL TEST DATE

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