

COPIES TO  
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STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

OFFICE USE ONLY  
 Log No. **102278**  
 Permit No. \_\_\_\_\_  
 Basin **212**  
 NOTICE OF INTENT NO. **30791**

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

PRINT OR TYPE ONLY

1. OWNER **KRYSTLE TOWERS LLC** ADDRESS AT WELL LOCATION **2845 S LAS VEGAS BLVD**  
 MAILING ADDRESS **2827 PARADISE RD** **LAS VEGAS, NV**  
**LAS VEGAS, NV 89109**

2. LOCATION **SE 1/4 NE 1/4** Sec **09** T **21** S R **61** E **CLARK** County  
 PERMIT NO. **DW1234** Parcel No. **162-09-704-001** Subdivision Name **Fontainebleau**

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
44 Dewater wells				
Depth 40'				
Brown dirt & rock		0	14'	14'
Moist dirt & rock	x	14'	17'	3'
White silty clay		17'	19'	2'
Brown silty clay		19'	32'	13'
Caliche		32'	34'	2'
Brown clay		34'	40'	6'

8. WELL CONSTRUCTION  
 Depth Drilled **40** Feet Depth Cased **40** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **24** Inches To **0** Feet **40** 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 **1/4"x2.5" long 16 around**  
 From **20** feet to **40** 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 **40** feet

Date started **12/14, 20 06**  
 Date completed **1/3, 20 07**

7. WELL TEST DATE

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

9. WATER LEVEL  
 Static water level **15** 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 **ABDS2161**  
 Signed *[Signature]*  
 By driller performing actual drilling on site or contractor  
 Date **January 18, 2007**