

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

OFFICE USE ONLY
Log No. 103853
Permit No. _____
Basin 212

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in
accordance with NRS 534.170 and NAC 534.240

NOTICE OF INTENT NO. 30960
110 W LAKE MEAD PIQUY

1 OWNER Lake Meads Crossing LLC ADDRESS AT WELL LOCATION _____
MAILING ADDRESS 8375 W Flamingo Rd Suite 200
Las Vegas, NV 89118 Subdivision Name: _____ County: _____
2 LOCATION SE 1/4 NW 1/4 Sec 18 T22 N34R63E Latitude UTM E 832 06 1750 NAD 27
PERMIT/WAIVER No. 1791810105 Longitude N 26 7 15 346 NAD 83 (VGS 84)

3 TYPE OF WELL: Domestic, Irrigation, Test, Municipal/Industrial, Monitor, Stock
Is this well being plugged because a replacement well was drilled? NO
Is there an existing well log? NO
If yes, what is replacement well NO? _____ If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
Depth Drilled 92 Feet Depth Casod 92 Feet

7 WELL PLUGGING PROCEDURE
Was well cleaned out to total depth? yes no
If well was not cleaned out to total depth, please explain why: _____

EXISTING CASING SCHEDULE

| Size O.D. (inches) | Weight/Ft. (Pounds) | Wall Thickness (inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|-----------|
| <u>2 in</u> | <u>SILVADO</u> | <u>FUSO PVC</u> | <u>0</u> | <u>92</u> |

Was the well contaminated? yes no
Was the casing pulled? yes no
Was the casing over drilled? yes no
If casing was left in place, please show where additional perforations were made: _____

Existing Perforations:

| Type of perforation | Size of perforation | From | feet to | To | feet |
|----------------------|---------------------|-----------|-----------|----|------|
| <u>Factory slots</u> | <u>0.20</u> | <u>42</u> | <u>92</u> | | |

Additional Perforations:

| Type of perforator used: | From | feet to | feet | Number of perfs per linear foot |
|--------------------------|------|---------|------|---------------------------------|
| | From | feet to | feet | Number of perfs per linear foot |
| | From | feet to | feet | Number of perfs per linear foot |
| | From | feet to | feet | Number of perfs per linear foot |
| | From | feet to | feet | Number of perfs per linear foot |
| | From | feet to | feet | Number of perfs per linear foot |
| | From | feet to | feet | Number of perfs per linear foot |

5 WATER LEVEL
Static water level 69.1 feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature 60.0 °F Quality _____

8 WELL PLUGGING MATERIALS

| From | feet to | feet | Material Used | <input type="checkbox"/> Pumped | <input checked="" type="checkbox"/> Poured |
|-----------|-----------|-------------|-----------------------|---------------------------------|--|
| <u>60</u> | <u>92</u> | <u>feet</u> | <u>Bentonite</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <u>0</u> | <u>6</u> | <u>feet</u> | <u>concrete/grout</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

6 Additional Notes or Comments
well depth and construction provided by client

Neat Cement Fluid Weight _____ lbs/gal
Bentonite Grout _____ % bentonite
Date Started 5-29-07
Date Completed 5-29-07

9 DRILLER'S CERTIFICATION
This well was plugged and abandoned under my supervision and the report is true to the best of my knowledge.
Name Elite Drilling Inc Contractor
Address 4255 W Post Rd. Contractor
Las Vegas, NV 89118
Nevada contractor's license number _____ issued by the State Contractor's Board 54931
Nevada driller's license number issued by the Division of Water Resources, this on-site driller M1944
Signed Francis M. Beall
Date 5-29-07
By driller performing actual drilling on site or contractor

USE ADDITIONAL SHEETS IF NECESSARY

DO NOT WRITE
RECEIVED
MAY 31 2007

WATER SOURCE