

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

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. 103418
 Permit No. _____
 Basin 212

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 30846

PRINT OR TYPE ONLY

1. OWNER MARE-BEAR INC ADDRESS AT WELL LOCATION 3000 S LAS VEGAS BLVD
 MAILING ADDRESS 2950 S INDUSTRIAL RD LAS VEGAS, NV
LAS VEGAS, NV 89109-1100

2. LOCATION NW 1/4 SW 1/4 Sec 09 T 21 S R 61 E CLARK County

PERMIT NO. DW1247 162-09-303-007 ECHELON
 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
<u>2-Dewatering well #73 & 78</u>				
<u>Dirt & small gravel</u>		<u>0</u>	<u>12</u>	
<u>Red silty clay</u>		<u>13</u>	<u>26</u>	
<u>Caliche</u>		<u>27</u>	<u>39</u>	
<u>Tan clay</u>		<u>40</u>	<u>47</u>	
<u>Caliche</u>		<u>48</u>	<u>50</u>	
<u>WGS84</u>				
<u>N36 08. 022</u>				
<u>W115 10. 081</u>				

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 AUG 24 2007

LAS VEGAS OFFICE

8. WELL CONSTRUCTION

Depth Drilled 50 Feet Depth Cased 49 Feet

HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 0 Feet 50 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>14</u>			<u>+1</u>	<u>49</u>

Perforations:
 Type perforation Machine
 Size perforation 1/4"x2.5" long 16 around

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 _____ 49 feet

9. WATER LEVEL

Static water level _____ 23 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
LAS VEGAS, NV 89103
 (CONTRACTOR)
 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 MPDEW2343

Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date August 14, 2007

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)	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	