

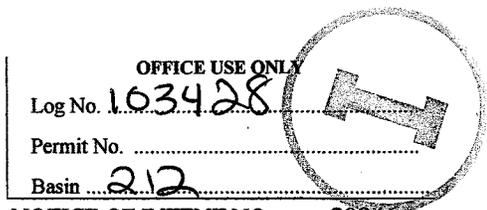
COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA

DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

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



OFFICE USE ONLY
 Log No. 103428
 Permit No. _____
 Basin 212

NOTICE OF INTENT NO. 30846

PRINT OR TYPE ONLY

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

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>13-Dewatering well</u>				
<u>#18,19,61,67,69,70,71,72,</u>				
<u>74,76,81,83 & 85</u>				
<u>Dirt & small gravel</u>		<u>0</u>	<u>11</u>	
<u>Red silty clay</u>		<u>12</u>	<u>25</u>	
<u>Caliche</u>		<u>26</u>	<u>38</u>	
<u>Tan clay</u>		<u>39</u>	<u>40</u>	
<u>WGS84</u>				
<u>N36 08. 022</u>				
<u>W115 10. 081</u>				

8. WELL CONSTRUCTION				
Depth Drilled	<u>40</u> Feet	Depth Cased	<u>39</u> Feet	
HOLE DIAMETER (BIT SIZE)				
	From		To	
	<u>24</u> Inches	<u>0</u> Feet	<u>40</u> 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>39</u>

Perforations:
 Type perforation Machine
 Size perforation 1/4"x2.5" long 16 around
 From _____ feet to _____ 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 39 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)

Date started 7/10, 20 07
 Date completed 7/12, 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.			

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 MPDEW2343
 Signed Jim O'Leary
 By driller performing actual drilling on site or contractor
 Date August 14, 2007

DCNR/DWR
 RECEIVED
 AUG 24 2007

LAS VEGAS OFFICE