

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. 104414
 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. 31374

PRINT OR TYPE ONLY

1. OWNER COUNTY OF CLARK ADDRESS AT WELL LOCATION Wetland Park
 MAILING ADDRESS 500 S. Grand Central Pkwy non assessed road parcel
LAS VEGAS, NV 89155 Las Vegas, NV

2. LOCATION SW 1/4 SW 1/4 Sec 23 T 21 S R 62 E CLARK County
 PERMIT NO. DW1252 161-23-301-003 CLARK
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
Plug 2-Dewater wells				
Depth 40'				
Open hole with no perforation.				
Pulled pumps & casings				
Trimmie 3.5 yards of				
9 sack cement grout into each well to surface.				
N36 06. 029				
W115 01. 689				

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)
<u>14</u>	<u>36.71</u>	<u>0250</u>	<u>0</u>	<u>40</u>

Perforations:
 Type perforation Machine
 Size perforation 1/4"x2.5"x21 per ft.
 From 10 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

9. WATER LEVEL
 Static water level 8 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 11/26, 20 2007
 Date completed 11/26, 20 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)	

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 0018916 & 0018917
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2231
 Signed Vitor Allen Est
 By driller performing actual drilling on site or contractor
 Date December 5, 2007

RECEIVED
 DEC 17 2007
 LAS VEGAS OFFICE