

167762r
 PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

OWENS

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. 33247

1. OWNER VINTAGE LAND HOLDINGS LLC ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 3600 LAS VEGAS BLVD S 2784 S LAS VEGAS BLVD
LAS VEGAS NV 89109 LAS VEGAS NV
 2. LOCATION SW 1/4 NE 1/4 Sec. 09 T. 21 N R. 61 E CLARK County
 PERMIT NO. 162-09-601-006
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 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>Remain Well Boxes</u>				
<u>Roller 4" Casing</u>				
<u>Liner from bottom to top with</u>				
<u>BENTONITE CHIPS</u>				
<u>Cement Seal on top</u>				
<u>MAP DATUM</u>				
<u>WGS 84</u>				
<u>MW-4 36° 08.277 N 115° 09.721 W</u>				<u>20'</u>
<u>MW-5 36° 08.283 N 115° 09.697 W</u>				<u>21'</u>
<u>MW-1 36° 08.271 N 115° 09.693 W</u>				<u>30'</u>
<u>MW-6 36° 08.272 N 115° 09.694 W</u>				<u>30'</u>
<u>MW-2B 36° 08.266 N 115° 09.699 W</u>				<u>30'</u>
<u>MW-3 36° 08.257 N 115° 09.698 W</u>				<u>29'</u>
<u>NDP #</u>				
<u>8-000028</u>				

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.25</u>		<u>SEA 40MC</u>		

Perforations:
 Type perforation _____
 Size perforation _____
 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 _____ feet to _____ feet

9. WATER LEVEL
 Static water level _____ 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 EAGLE DRILLING SERVICES LLC Contractor
 Address 7150 PEACOCK ST. Contractor
LAS VEGAS NV 89119
 Nevada contractor's license number issued by the State Contractor's Board 51266
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2272
 Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date 1/24/08

Date started 1/24, 2008
 Date completed 1/24, 2008

7. WELL TEST DATA

TEST METHOD	Time (Hours)
<input checked="" type="checkbox"/> Bailers <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	
<input type="checkbox"/> G.P.M. <input type="checkbox"/> Draw Down (Feet Below Static)	
<u>FEB 01 2008</u>	
<u>LAS VEGAS OFFICE</u>	