

1677air
 PRINT OR TYPE ONLY
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6 weeks

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 Parcel No. _____ Subdivision Name _____
 Issued by Water Resources _____

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>Pulled 4' Casing</u>				
<u>Linen from bottom to top with BENTONITE CHIPS</u>				
<u>Cement Seal on top</u>				
<u>MAP DATUM 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° 09.699 W</u>				<u>30'</u>
<u>MW-20 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>NDEP # 8-000028</u>				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	Feet
From _____	To _____	_____
_____	_____	_____
_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.25</u>		<u>SC440AK</u>		

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

Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Placement Method: Pumped Poured
 Gravel Packed: Yes No
 From _____ feet to _____ feet

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

7. WELL TEST DATA

TEST METHOD Bailor Pump Air Lift
 G.P.M. _____ Draw Down (Feet Below Static) _____ Time (Hours) _____
 FEB 01 2008
 LAS VEGAS OFFICE

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 PEACH ST. Contractor
LAS VEGAS NV 89119
 Nevada contractor's license number issued by the State Contractor's Board 51260
 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