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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 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>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-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>

8. WELL CONSTRUCTION

Depth Drilled \_\_\_\_\_ Feet Depth Cased \_\_\_\_\_ Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	Feet
_____	_____	_____
_____	_____	_____
_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.25</u>		<u>SCH 40 MK</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  
Depth of Seal \_\_\_\_\_  Cement Grout  
Placement Method:  Pumped  Poured  Concrete Grout

Gravel Packed:  Yes  No  
From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Date started \_\_\_\_\_, 2008  
Date completed \_\_\_\_\_, 2008

7. WELL TEST DATA

TEST METHOD  Bail  Pump  Air Lift  
G.P.M. \_\_\_\_\_ Draw Down (Feet Below Static) \_\_\_\_\_ Time (Hours) \_\_\_\_\_

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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 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