

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
 WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 105148
 Permit No. _____
 Basin 212

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

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

NOTICE OF INTENT NO. 34560

1. OWNER Owens Associates LLC ADDRESS AT WELL LOCATION 1630 N. Las Vegas Blvd.
 MAILING ADDRESS PO Box 49272 Las Vegas, NV 89030
Los Angeles, CA 90049-0272 Subdivision Name: _____ County: Clark

2. LOCATION SW 1/4 SW 1/4 Sec 23 T 20 N 61 E Latitude 36.190186 UTM E NAD 27
 PERMIT/WAIVER No. 139-23-402-005 Longitude -115.132595 N NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED New Well Replace Recondition Deepen Other

4. PROPOSED USE Domestic Irrigation Test Stock Monitor Municipal/Industrial

5. WELL TYPE Cable Rotary RVC Other Auger Air

6. LITHOLOGIC LOG # 3

Material	Water Strata	From	To	Thick-ness
<u>sand & gravel</u>		<u>0</u>	<u>2'</u>	
<u>silty sand/clay</u>		<u>2</u>	<u>17</u>	
<u>sand</u>	<u>17'</u>	<u>17</u>		
<u>clay</u>	<u>17</u>	<u>25</u>		

9. WELL CONSTRUCTION

Depth Drilled 25 Feet Depth Cased 25 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>8</u>	<u>0</u>	<u>25</u>		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>	<u>PVC</u>	<u>Sch 40</u>	<u>0</u>	<u>25</u>

Perforations:

Type of perforation Factory slot

Size of perforation .020

From 10 feet to 25 feet

From _____ feet to _____ feet

From _____ feet to _____ feet

From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured

Cement Grout 0 to 6 Pumped Poured

Concrete Grout to _____ Pumped Poured

≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 8 to 25 Pumped Poured

Type: #3 sand

Bentonite Chips: Yes No 6 to 8 Pumped Poured

Type: hole plug

Date started: April 10, 20 08

Date completed: April 10, 20 08

7. Water Level

Static water level: _____ feet below land surface

Artesian Flow: _____ G.P.M. _____ P.S.I.

Water Temperature: _____ °F

Quality: _____

8. WELL TEST DATA

TEST METHOD: Bailer Pump Air Lift

G.P.M.	Time (Hours)
DCNR/DWR RECEIVED	
APR 17 2008	
LAS VEGAS OFFICE	

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name Elite Drilling Inc. Contractor

Address 4255 W. Post Rd. Contractor

Las Vegas, NV 89118

Nevada contractor's license number _____

issued by the State Contractor's Board 0054931

Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-1869

Signed [Signature]

By driller performing actual drilling on-site or contractor

Date 4/16/2008