

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

OFFICE USE ONLY
Log No. 105987
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. 34567

1. OWNER Ewing Bros. Inc. ADDRESS AT WELL LOCATION 1300 N. A St.
MAILING ADDRESS 1200 N. A St. Las Vegas, NV 89106-3215 Subdivision Name: _____ County: Clark
2. LOCATION NW 1/4 NE 1/4 Sec 27 T 20 N R 6 E Latitude 36° 11' 06.3" UTM E NAD 27
PERMIT/WAIVER No. 139-27-501-007 Longitude 115° 08' 32.4" N NAD 83/WGS 84
Issued by Water Resources Parcel No. AS-2

3. WORKED PERFORMED New Well Replace Recondition Deepen Other
4. PROPOSED USE Domestic Irrigation Test Municipal/Industrial Monitor Stock
5. WELL TYPE Cable Rotary RVC Other Auger

6. LITHOLOGIC LOG AS-2

Material	Water Strata	From	To	Thick-ness
<u>Fill</u>		<u>0</u>	<u>2</u>	
<u>Sandy clay w/gravel</u>		<u>2</u>	<u>6</u>	
<u>caliche</u>		<u>6</u>	<u>7</u>	
<u>Sandy clay</u>		<u>7</u>	<u>30</u>	
	<u>20'</u>			

9. WELL CONSTRUCTION
Depth Drilled 30 Feet Depth Cased 30 Feet
HOLE DIAMETER (BIT SIZE)
From 10 Inches To 30 Feet
Inches _____ Feet _____
Inches _____ Feet _____
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
4" PVC 8h 40 0 30

Perforations:
Type of perforation Factory slot
Size of perforation .020
From 2.5 feet to 30 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout 0 to 18 Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured
Gravel Pack: Yes No 2.3 to 30 Pumped Poured
Type: #3
Bentonite Chips: Yes No 18 to 2.3 Pumped Poured
Type: hole plug

Date started: June 11, 20 08
Date completed: June 11, 20 08

7. Water Level
Static water level: 20' feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailor <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 Elite Drilling Inc. Contractor
Address 4255 W. Post Rd. Contractor
Las Vegas, NV 89118
Nevada contractor's license number 0054931
issued by the State Contractor's Board
Nevada driller's license number issued by the M-1869
Division of Water Resources, the on-site driller
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 6/15/08