

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

OFFICE USE ONLY
Log No. 106403
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. 33701

1. OWNER Big Daddy's & I
MAILING ADDRESS 3220 East Flamingo RD # 9-3552
Las Vegas, NV 89121

ADDRESS AT WELL LOCATION 2051 East Flamingo RD
MW-15 Las Vegas, NV 89109
Subdivision Name _____ County Clark

2. LOCATION MW 15 MB 1/4 Sec 21 T 21 N 61 E
PERMIT/WAIVER No. 162-215-03-001
Issued by Water Resources Parcel No

Latitude 26.11404 N UTM E NAD 27
Longitude 115.16120 W N NAD 83/WGS 84

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
 Air Other Auger

6. LITHOLOGIC LOG				
Material	Water Strata	From	To	Thick-ness
Fill - Silty Sand w/ gravel		0	4.5	
Caliche		4.5	9	
Silty clay		9	13	
Caliche		13	15	
Sand w/ Gravel		15	18	
Silty Sand		18	21	

9. WELL CONSTRUCTION				
Depth Drilled	Feet	Depth Cased	Feet	
<u>21</u>		<u>20</u>		
HOLE DIAMETER (BIT SIZE)				
	From	To		
<u>10</u>	Inches <u>4</u>	Feet <u>21</u>	Feet	
	Inches	Feet	Feet	
	Inches	Feet	Feet	
CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.5</u>	<u>10.79</u>	<u>Sch 40</u>	<u>6</u>	<u>6</u>

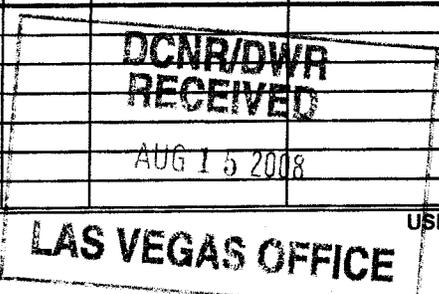
Perforations:
Type of perforation Factory slotted
Size of perforation .020
From 6 feet to 21 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout to _____ Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 21 to 4 Pumped Poured
Type: 8-12 Silica Sand
Bentonite Chips: Yes No 4 to 6 Pumped Poured
Type: Medium Bent. Chips

Date started 6-3-08 , 20
Date completed 6-3-08 , 20

7. Water Level
Static water level: 14.5 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA		
TEST METHOD:	G.P.M.	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
	Draw Down (Feet Below Static)	
		

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name WDL Exploration & Wells Contractor
Address 570 Corinthian Way Contractor
N. Las Vegas, NV 89030
Nevada contractor's license number 0012852
issued by the State Contractor's Board
Nevada driller's license number issued by the 2057-T3
Division of Water Resources, the on-site driller
Signed [Signature]
By driller performing actual drilling on site or contractor
Date 8-14-08

USE ADDITIONAL SHEETS IF NECESSARY

LAS VEGAS OFFICE

(Rev. 05-06)

MAL-15