

PRINT OR TYPE ONLY
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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. **33920**
 ADDRESS AT WELL LOCATION **1420 W. BONANZA RD.**

1. OWNER **LUCKY CHAMP FUEL** ADDRESS AT WELL LOCATION **1420 W. BONANZA RD.**
 MAILING ADDRESS **1420 W. BONANZA RD.** **LAS VEGAS NV. 89106-3505**
 2. LOCATION **NW 1/4 SE 1/4 Sec. 28 T 20 N 06 E CLARK** County
 PERMIT NO. **8-000253** Parcel No. **13928703008** 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 **HSA**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
ASPHALT		0	0.2	0.2
GRAVEL+SAND FILL		0.2	0.8	0.6
BROWN SILTY SAND		0.8	7	6.2
CALICHE		7	15	8
BROWN CLAY WITH SAND	YES	15	25	10
CALICHE WITH CLAY		25	30	5

FACILITY I.D. NUMBER
8-000253

MAP DATUM
WLAS 84
36° 10.635' N
115° 09.611' W

8. WELL CONSTRUCTION
 Depth Drilled **30** Feet Depth Cased **30** Feet

HOLE DIAMETER (BIT SIZE)
 From **11.5** Inches To **0** Feet **30** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4		SC4 40		

Perforations:
 Type perforation **MACHINE SLOT**
 Size perforation **.020**
 From **15** feet to **30** 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

Depth of Seal _____
 Placement Method: Pumped Poured
 Concrete Grout

Gravel Packed: Yes No
 From **13** feet to **30** feet

Date started **10-1**, 20**08**
 Date completed **10-1**, 20**08**

7. WELL TEST DATA

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

9. WATER LEVEL
 Static water level **23.5** 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** Contractor
 Address **7150 PLACID ST.** Contractor
LAS VEGAS NV. 89119
 Nevada contractor's license number issued by the State Contractor's Board **51246**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **9357**
 Signed **Michael W. Wirtz**
 By driller performing actual drilling on site or contractor
 Date **10-6-2008**