

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

OFFICE USE ONLY
Log No. 107240
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. 63330

1. OWNER Herbst Development LLC ADDRESS AT WELL LOCATION 298 S. Decatur Blvd
MAILING ADDRESS 5195 Las Vegas Blvd S. Las Vegas, NV 89107 Subdivision Name: OW-2 County: Clark

2. LOCATION NE 1/4 NE 1/4 Sec 36 T 20 N R 60 E Latitude 36° 10' 13.44" N UTM E NAD 27
PERMIT/WAIVER No. 138 36 516005 Longitude 115° 12' 22.47" 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 Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>Backfill</u>		<u>0</u>	<u>3</u>	
<u>Caliche</u>		<u>3</u>	<u>6</u>	
<u>Silty Sand</u>		<u>6</u>	<u>12</u>	
<u>Sandy silt w/ clay</u>		<u>12</u>	<u>17</u>	
<u>clayey sand w/ silt</u>		<u>17</u>	<u>21</u>	
<u>silt w/ clay</u>		<u>21</u>	<u>25</u>	

9. WELL CONSTRUCTION
Depth Drilled 25 Feet Depth Cased 25 Feet
HOLE DIAMETER (BIT SIZE)
From 8 Inches To 25 Feet
Inches Feet
Inches Feet
Inches Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2.375</u>		<u>Sch 40</u>	<u>0</u>	<u>25</u>

Perforations:
Type of perforation Factory slotted
Size of perforation .020
From 15 feet to 25 feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement 1 to 11 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 13 to 25 Pumped Poured
Type: Montery #3 Sand
Bentonite Chips: Yes No 11 to 13 Pumped Poured
Type: 3/8 Bent chips

Date started: 11-18-08, 20
Date completed: 11-18-08, 20

7. Water Level
Static water level: 17.5 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.	Draw Down (Feet Below Static)	Time (Hours)
<input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			<u>30 min</u>

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 _____
issued by the State Contractor's Board 0012852
Nevada driller's license number issued by the Division of Water Resources, the on-site driller VM-2381
Signed _____
By driller performing actual drilling on-site or contractor
Date 12-10-08