

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

OFFICE USE ONLY
Log No. 107299
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. 33922

1. OWNER CHARLESTON HEIGHTS SHOPPING CENTER LLC
MAILING ADDRESS 505 S. JONES BLVD. #100 LAS VEGAS NV. 89107-2672
ADDRESS AT WELL LOCATION 550 S. DECATUR BLVD. LAS VEGAS NV.
Subdivision Name: _____ County: CLARK

2. LOCATION NE 1/4 SE 1/4 Sec 36 T 20 N R 60 E Latitude 36° 16' 50.73 N UTM E NAD 27
PERMIT/WAIVER No. 138-36-701-018 Longitude 115° 20' 83.17 W N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other _____

4. PROPOSED USE
 Domestic Irrigation Test Cable Rotary RVC
 Municipal/Industrial Monitor Stock Air Other H.S.A.

6. LITHOLOGIC LOG

WELL NO.	Material SVI	Water Strata	From	To	Thick-ness
	ASPHALT		10	12.5	1.25
	SAND+STONE		12.5	1.0	1.75
	SILT CLAY		12.0	5.0	4.0
	CALICHE		5.0	3.5	3.5
	SILT CLAY		8.5	10.0	1.5
	CALICHE		10.0	13.5	3.5
	SILT MOIST CLAY	YES	13.5	21.0	8.5
	CALICHE		21.0	22.0	1.0
	SILT CLAY		22.0	30.6	8.0

FACILITY ID. NO. H-000093

MAP DATUM WGS 84
36° 09' 41.0 N
115° 12' 50.6 W

9. WELL CONSTRUCTION

Depth Drilled 30 Feet Depth Cased 30 Feet

HOLE DIAMETER (BIT SIZE)

From	To	Feet	Feet
<u>12</u> Inches	<u>0</u> Feet	<u>30</u> Feet	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>		<u>SCH 40</u>	<u>0</u>	<u>30</u>

Perforations:

Type of perforation MACHINE SLIT
Size of perforation 1.020

From 15 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 1 to 11 Pumped Poured
 Concrete Grout 0 to 1 Pumped Poured
 ≥30% Bentonite Grout to _____ Pumped Poured

Gravel Pack: Yes No 13 to 30 Pumped Poured
Type: NO. 5

Bentonite Chips: Yes No 11 to 13 Pumped Poured
Type: SEAL

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

7. Water Level
Static water level: 18 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.	Draw Down (Feet Below Static)	Time (Hours)

DCNR/DWR RECEIVED
NOV 19 2008

10. DRILLER'S CERTIFICATION

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

Name EALIE DRILLING Contractor
Address 7150 PLACIO ST LAS VEGAS 89119 Contractor

Nevada contractor's license number issued by the State Contractor's Board 51224
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2357

Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 11-17-2008

(Rev 05-08)

USE ADDITIONAL SHEETS IF NECESSARY

LAS VEGAS OFFICE