

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

OFFICE USE ONLY
Log No. 107300
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 ADDRESS AT WELL LOCATION 5505 S. DECATUR BLVD.
MAILING ADDRESS 50 S. JONES BLVD. #100 LAS VEGAS NV.
89107-2672 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' 03.17 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 H.S.A.

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>WELL NO. SVE 4</u>				
<u>ASPHALT</u>		<u>0.0</u>	<u>2.5</u>	<u>2.5</u>
<u>SAWD+STONE</u>		<u>2.5</u>	<u>1.0</u>	<u>.75</u>
<u>SILT CLAY</u>		<u>4.0</u>	<u>5.0</u>	<u>4.0</u>
<u>CR.LICHE</u>		<u>5.0</u>	<u>8.0</u>	<u>3.0</u>
<u>SILT CLAY</u>		<u>8.0</u>	<u>10.0</u>	<u>2.0</u>
<u>SAWDY CLAY</u>		<u>10.0</u>	<u>13.0</u>	<u>3.0</u>
<u>SILT CLAY</u>	<u>YES</u>	<u>13.0</u>	<u>21.0</u>	<u>8.0</u>
<u>CR.LICHE</u>		<u>21.0</u>	<u>22.0</u>	<u>1.0</u>
<u>SILT CLAY</u>		<u>22.0</u>	<u>30.0</u>	<u>8.0</u>
<u>FACILITY ID. NO.</u>				
<u>H-000093</u>				
<u>MAP DATUM</u>				
<u>WGS 84</u>				
<u>36° 09.908 N</u>				
<u>115° 12.505 W</u>				

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 46</u>	<u>0</u>	<u>30</u>

Perforations:

Type of perforation MACHINE SLOT
Size of perforation 1/20

From 15 feet to 30 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 _____ to _____ Pumped Poured
Type: NO. 5

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

Date started: 11-12, 20 08
Date completed: 11-12, 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:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

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 LAS VEGAS NV 89119 Contractor

Nevada contractor's license number 5122L
issued by the State Contractor's Board
Nevada driller's license number issued by the 2357
Division of Water Resources, the on-site driller

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

DCNR/DWR RECEIVED
NOV 19 2008
LAS VEGAS OFFICE

(Rev. 05-06)