

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

OFFICE USE ONLY
Log No. **107725**
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. **34335**

1. OWNER **Z Eleven Inc.** ADDRESS AT WELL LOCATION **4601 E. Sunset RD.**
MAILING ADDRESS **P.O. Box 711** **SVE-2**
Dallas TX 75221-0711 **Henderson, NV**
Subdivision Name: _____ County: **Clark**

2. LOCATION **NE 1/4 NW 1/4 Sec 5 T 22 N R 62 E** Latitude **36° 04' 2.33" N** UTM E NAD 27
PERMIT/WAIVER No. **178-65-104-005** Longitude **115° 04' 3.93" W** N NAD 83/WGS 84

Issued by Water Resources Parcel No. _____

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
Asphalt		10	3"	
Sand & Gravel		3"	5	
Brown Sand		5	9	4
Sand & Cobbles		9	28	19
Volcanic Rock		28	38	10
Sandy clay	X	38	45	7

9. WELL CONSTRUCTION

Depth Drilled **45** Feet Depth Cased **40** Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
10	15	45	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4.5	10.79	Sch 40	15	40

Perforations:

Type of perforation **Factory slotted**

Size of perforation **.020**

From **20** feet to **40** 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 **1** to **16** Pumped Poured

Gravel Pack: Yes No **18** to **45** Pumped Poured

Type: **8-12 Silica Sand**

Bentonite Chips: Yes No **16** to **18** Pumped Poured

Type: **3/8 Bent chips**

Date started: **2-24**, 20 **09**

Date completed: **2-25**, 20 **09**

7. Water Level

Static water level: **35** 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			
N/A			

RECEIVED

MAR 09 2009

10. DRILLER'S CERTIFICATION

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

Name **WDC 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 **M-2381**

Signed _____

By driller performing actual drilling on-site or contractor

Date **3-5-09**