

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

OFFICE USE ONLY
Log No. **107981**
Permit No. _____
Basin _____

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. **34245**

1. OWNER **FBF INC.** ADDRESS AT WELL LOCATION **3283N LAS VEGAS BLVD.**
MAILING ADDRESS **1401 S. LAS VEGAS BLVD.** **LAS VEGAS NV. 89032**
LAS VEGAS NV. 89104 Subdivision Name: _____ County: **CLARK**

2. LOCATION **SE 1/4 SW 1/4 Sec 7 T 20 N R 62 E** Latitude **36° 13' 05" 85** UTM E NAD 27
PERMIT/WAIVER No. **140-07-403-002** Longitude **115° 05' 37.80** 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
 Air Other **HSA**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
MW 19				
ASPHALT		0	1.25	1.25
STONE FILL		1.25	1.5	1.25
BROWN SILTY CLAY		1.5	4.7	46.5
MOIST BROWN SILTY CLAY	YES	4.7	6.5	18
FACILITY ID. NO.				
8-000251				

9. WELL CONSTRUCTION

Depth Drilled	Feet	Depth Cased	Feet
8		0	

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet
8	0	66	

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2		SCH 40	30	50

Perforations:

Type of perforation **MACHINE SLOT**
Size of perforation **.020**

From **30** feet to **50** feet
From _____ feet to _____ feet

Annular Seal: Yes No

Neat Cement to _____ Pumped Poured
 Cement Grout to _____ Pumped Poured
 Concrete Grout **0** to **1** Pumped Poured
 ≥30% Bentonite Grout **1** to **26** Pumped Poured

Gravel Pack: Yes No **28** to **50** Pumped Poured
Type: **NO. 3**

Bentonite Chips: Yes No **50** to **65** Pumped Poured
Type: **SEAL 26-28**

7. Water Level
Static water level: **47** 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
FEB 25 2009

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 INC.** Contractor
Address **7150 PLACID ST LAS VEGAS NV 89119** Contractor

Nevada contractor's license number issued by the State Contractor's Board **51266**
Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2357**

Signed **M. J. Winton**
By driller performing actual drilling on-site or contractor
Date **2-16-2009**