

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

OFFICE USE ONLY
Log No. **108162**
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. **32173**

1 OWNER **RHOH PROPERTIES LLC CO LAW DEPT.** ADDRESS AT WELL LOCATION **1600 N. RANCHO DR**
MAILING ADDRESS **399 WALL ST, # 4** **LAS VEGAS NV.**
GLEN DALE HEIGHTS ILL, 60139 Subdivision Name: _____ County: **CLARK**

2 LOCATION **SW 1/4 SW 1/4 Sec 20 T 20 N/S R 61 E** Latitude **36° 11.325' N** UTM E NAD 27
PERMIT/WAIVER No. **139-20-411-005** Longitude **115° 11.131' W** N NAD 83/WGS 84

Issued by Water Resources _____ Parcel No. _____

3 TYPE OF WELL
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

Is this well being plugged because a replacement well was drilled? **NO**
If yes, what is replacement well NO? _____

Is there an existing well log? **NO**
If yes, what is NDWR well log #? _____

4 EXISTING WELL CONSTRUCTION
Depth Drilled **27** Feet Depth Cased **27** Feet

EXISTING CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4		SEC 46	0	27

7 WELL PLUGGING PROCEDURE
Was well cleaned out to total depth? yes no
If well was not cleaned out to total depth, please explain why: _____

Was the well contaminated? yes no
Was the casing pulled? yes no
Was the casing over drilled? yes no

If casing was left in place, please show where additional perforations were made:
Additional Perforations:
Type of perforator used:
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____
From _____ feet to _____ feet Number of perms per linear foot _____

Existing Perforations:
Type of perforation **MACHINE SCOT**
Size of perforation **1.026**

From **12** feet to **27** feet
From _____ feet to _____ feet

5 WATER LEVEL
Static water level **16.3** feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ ° F Quality _____

6 Additional Notes or Comments
FACILITY I.D. NO. 8000609

8 WELL PLUGGING MATERIALS

From	feet to	Material Used	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
From 0	feet to 1.25	ASPHALT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
From .25	feet to 1.5	CONCRETE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
From .5	feet to 27	BENTONITE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
From _____	feet to _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Neat Cement Fluid Weight **413** lbs/gal
Bentonite Grout **20** % bentonite
Date Started **3-17-2009**
Date Completed **3-17-2009**

9 DRILLER'S CERTIFICATION
This well was plugged and abandoned under my supervision and the report is true to the best of my knowledge.
Name **EALKE DRILLING** Contractor
Address **7150 PLACID ST, LAS VEGAS NV** Contractor
89119

Nevada contractor's license number **51266** issued by the State Contractor's Board
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 **3-23-2009**

