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

OFFICE USE ONLY
Log No. 108262
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. 32250

1. OWNER MD Properties LLC Etal
MAILING ADDRESS 5115 Dean Martin Dr.
CC Paradise 89118

ADDRESS AT WELL LOCATION Same as Owner
MW-5
Subdivision Name: County: clark

2. LOCATION SE ¼ NW ¼ Sec 29 T 21S N/S R 61 E
PERMIT/WAIVER No. 162-29-202-009
Issued by Water Resources Parcel No.

Latitude 36. 09660 N
Longitude 115. 18148 W
UTM E N
☐ NAD 27 ☒ 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
☐ Air ☒ Other auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Fine Sand		0	4	4
Silty Clay		4	9	5
Caliche		9	12	3
Silty Clay		12	15	3
Clay		15	20	5
Fine Grain Sand	x	20	35	15

Date started: 26-May, 20 09
Date completed: 26-May, 20 09

9. WELL CONSTRUCTION
Depth Drilled 35 Feet Depth Cased 33 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
8	Inches	0	Feet	35	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2.375	.70	Sch 40	0	33

Perforations:
Type of perforation factory slotted
Size of perforation .020
From 18 feet to 33 feet
From feet to feet
From feet to feet
From feet to 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 to ☐ Pumped ☐ Poured

Gravel Pack: ☒ Yes ☐ No 16 to 33 ☐ Pumped ☒ Poured
Type: # 3 Silica
Bentonite Chips: ☒ Yes ☐ No 1 to 16 ☐ Pumped ☒ Poured
Type: 3/8 chips

7. Water Level
Static water level: 18 feet below land surface
Artesian Flow: n/a G.P.M. n/a P.S.I.
Water Temperature: n/a °F
Quality: good

8. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
N/A			

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 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 5-29-09

DCNR/DWR
RECEIVED
MAY 29 2009
LAS VEGAS OFFICE

(Rev. 05-08) USE ADDITIONAL SHEETS IF NECESSARY