

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

OFFICE USE ONLY
Log No. **108974**
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. **34916**

1. OWNER **S. gardens Company LP** ADDRESS AT WELL LOCATION **Same as Owner**
MAILING ADDRESS **3051 Kishner Dr.** **MW-21**
Las Vegas, NV, 89109 Subdivision Name: _____ County: **clark**

2. LOCATION **NE 1/4 SE 1/4 Sec 9 T 21S N/S R 61 E** Latitude **36. 08'04.95"N** UTM E NAD 27
PERMIT/WAIVER No. **162-09-703-005** Longitude **115. 09'35.07"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	Thick-ness
Fill		0	1	1
Silty Sand		1	6	5
Clayey Gravel		6	8	2
Caliche		8	11	3
Clayey Sand		11	13	2
Clayey Gravel		13	18	5
Caliche		18	20	2
Lean Clay		20	32	12
Caliche		32	34	2

9. WELL CONSTRUCTION

Depth Drilled	34	Feet	Depth Cased	34	Feet
HOLE DIAMETER (BIT SIZE)					
	8	Inches	0	Feet	34
		Inches		Feet	
		Inches		Feet	
CASING SCHEDULE					
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)	
2.375	.70	Sch 40	0	34	

DCNR/DWR RECEIVED

JUN 04 2009

LAS VEGAS OFFICE

Perforations: Type of perforation **factory slotted**
Size of perforation **.020**
From **19** feet to **34** 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 **17** to **34** Pumped Poured
Type: **# 3 Silica**

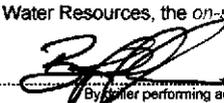
Bentonite Chips: Yes No **4** to **17** Pumped Poured
Type: **3/8 chips**

Date started: **6-May**, 20 **09**
Date completed: **6-May**, 20 **09**

7. Water Level
Static water level: **29** 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:	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			

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**
Address **570 corinthian way**
N Las Vegas 89030
Nevada contractor's license number **0012852**
issued by the State Contractor's Board
Nevada driller's license number issued by the **2057**
Division of Water Resources, the on-site driller
Signed 
By driller performing actual drilling on site or contractor
Date **6-1-09**