

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

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

OFFICE USE ONLY
 Log No. 112465
 Permit No. _____
 Basin 212

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 35503

1. OWNER University Board of Regents ADDRESS AT WELL LOCATION 4505 S. Maryland Pkwy
 MAILING ADDRESS 4505 S. Maryland Pkwy LAS VEGAS, NV
Las Vegas, NV 89154

2. LOCATION SW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec 22 T 21 S R 61 E CLARK County

PERMIT NO. MO-2858A 162-22-801-001
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon 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	Thick-ness
Typell		0	2'	
Silt		2'	4'	
Caliche		4'	5'	
Silty clay		5'	9'	
Caliche		9'	12'	
Silty gravel	x	12'	14'	
Silty clay		14	16'	
Caliche		16'	18'	
Silty clay		18'	23'	
Caliche		23'	25'	
Gravel	x	25'	26'	
Red clay		26'	30'	
Caliche		30'	32'	
Red silty clay		32'	40'	
Red clay		40'	63'	
Gravel	x	63'	65'	
Red clay		65'	74'	
Gravel	x	74'	77'	
Red clay		77'	80'	

WGS84
 N36 06. 202'
 W115 08. 678'

8. WELL CONSTRUCTION

Depth Drilled 80 Feet Depth Cased 80 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
30" Inches _____ Feet 80 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
14"	37	.250	+1	79

Perforations:
 Type perforation Machine
 Size perforation 1/4"
 From _____ 10 feet to _____ 80 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 2' Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ 10 feet to _____ 80 feet

9. WATER LEVEL

Static water level _____ 10 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION

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

Name ALLEN DRILLING INC.
 (CONTRACTOR)

Address 4015 WEST TOMPKINS AVE.
 (CONTRACTOR)
LAS VEGAS, NV 89103

Nevada contractor's license number issued by the State Contractor's Board 18916 & 18917

Nevada driller's license number issued by the Division of Water Resources, the on-site driller ABDS2161

Signed [Signature]
 By driller performing actual drilling on-site or contractor

Date 9/24/10

7. WELL TEST DATE

TEST METHOD Bailor Pump Air Lift
 Down (Feet Below Static) Time (Hours)

<u>SEP 29 2010</u>	

LAS VEGAS OFFICE