

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. 112815
 Permit No. _____
 Basin _____

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. 35498

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

2. LOCATION SW $\frac{1}{4}$ SE $\frac{1}{4}$ Sec 22 T 21 S R 61 E CLARK County
 PERMIT NO. MO-2858 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
NW				
Type II		0	2'	2'
Silt		2'	4'	2'
Fractured caliche		4'	5'	1'
Silty clay		5'	10'	5'
Caliche		10'	13.5'	2'
Silty gravel	x	13.5'	15	2'
Silty clay		15	16'	2.5'
Fractured caliche		16'	18'	2'
Silty clay		18'	22'	4'
Hard caliche		22'	24'	2'
Small rock & gravel	x	24'	26'	2'
Red clay		26'	30'	4'
Fractured caliche		30'	33'	2'
Red silty clay		33'	40'	8'

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From 30 Inches To 0 Feet 40 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	0	40

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

Surface Seal: Yes No Seal Type:
 Depth of Seal 3.5" Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet 40 feet

9. WATER LEVEL
 Static water level _____ 15 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 2231-Victor Estes
 Signed Victor Estes
 By driller performing actual drilling on site or contractor
 Date 8/31/2010

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

DCNR/DWR RECEIVED
SEP 02 2010
LAS VEGAS OFFICE

Date started 8/11, 20 10
 Date completed 8/11, 20 10