

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

OFFICE USE ONLY
Log No. 112987
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. 34389

1. OWNER ACE CAB INC ADDRESS AT WELL LOCATION 5010 S. VALLEY VIEW BLVD. LAS VEGAS NV.
MAILING ADDRESS VIEWBLVD. LAS VEGAS NV. Subdivision Name: _____ County: CLARK
2. LOCATION NW 1/4 NW 1/4 Sec 29 T 21 N R 61 E Latitude 36° 05' 35.99" N UTM E NAD 27
PERMIT/WAIVER No. 16229101043 Longitude 115° 11' 20.45" W 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 HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
ASPHALT		0	0.25	0.25
SAND + STONE BASE		0.25	1.0	0.75
SILTY SANDY CLAY		1.0	7.0	6.0
CALICHE		6.75	11.0	4.25
SILTY SANDY CLAY		11.0	19	8.0
CALICHE		19	21	2.0
SILTY SANDY GRAVEL	YES	21	31	10.0
CALICHE	YES	31	36	5.0
SILTY SANDY CLAY	YE	36	39	3.0

Facility ID. No. 8-000204

9. WELL CONSTRUCTION
Depth Drilled 39 Feet Depth Cased 39 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 39
1.2 Inches 0 Feet 39 Feet
Inches _____ Feet _____
Inches _____ Feet _____
CASING SCHEDULE
Size O.D. (Inches) Weight/Ft. (Pounds) Wall Thickness (Inches) From (Feet) To (Feet)
1.5 _____ 0.065 0 39

Perforations:
Type of perforation MACHINE SECT
Size of perforation 1.020
From 29 feet to 39 feet
From _____ feet to _____ feet
Annual Seal: Yes No CLEAN FILL 1'-5"
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout 5 to 7 Pumped Poured
 Concrete Grout 0 to 1 Pumped Poured
 ≥30% Bentonite Grout 7 to 27 Pumped Poured
Gravel Pack: Yes No 29 to 39 Pumped Poured
Type: NO 3
Bentonite Chips: Yes No 27 to 29 Pumped Poured
Type: 3/8" SEAL

Date started: 9-13, 20 10
Date completed: 9-13, 20 10

7. Water Level
Static water level: 27.9 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

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			

DRONE/DWR RECEIVED
OCT 13 2010

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name EAGLE DRILLING Contractor
Address 7150 PLACIO ST. LAS VEGAS NV 89119 Contractor
Nevada contractor's license number 51266
issued by the State Contractor's Board
Nevada driller's license number issued by the 2357
Division of Water Resources, the on-site driller
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 10-8-2010