

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

OFFICE USE ONLY
Log No. 112988
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 5010 S. VALLEY VIEW BLVD. 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' 54.94" N UTM E NAD 27
PERMIT/WAIVER No. 16229101043 Longitude 115° 11' 19.57" 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
 Air 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	5.0	4.0
CALICHE		5.0	10.0	5.0
SILTY SAND GRAVEL		10	19.0	9.0
SILTY SANDY CLAY	YES	19.0	33	14.0
CALICHE	YES	33	36.5	3.5

FACILITY ID. NO
8-000204

9. WELL CONSTRUCTION
Depth Drilled 36.5 Feet Depth Cased 36.5 Feet
HOLE DIAMETER (BIT SIZE)
From 0 To 36.5
1.2 Inches 0 Feet 36.5 Feet
Inches _____ Feet _____
Inches _____ Feet _____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>1.5</u>		<u>0.065</u>	<u>0</u>	<u>36.5</u>

Perforations:
Type of perforation MACHINE SLIT
Size of perforation 1.020
From 25.5 feet to 36.5 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 24.5 Pumped Poured
Gravel Pack: Yes No 26.5 to 36.5 Pumped Poured
Type: NO 3
Bentonite Chips: Yes No 24.5 to 26.5 Pumped Poured
Type: 3/8" SEAL

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

7. Water Level
Static water level: 27.3 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			

DCNR/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 PLACID ST. LAS VEGAS NV 89119 Contractor
Nevada contractor's license number issued by the State Contractor's Board 51266
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2357
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 10-8-2010