

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

OFFICE USE ONLY
Log No. 112989
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
MAILING ADDRESS 5010 S. VALLEY BLVD. LAS VEGAS NV.
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' 54.46" UTM E NAD 27
PERMIT/WAIVER No. 16229101043 Longitude 115° 11' 20.65" 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
 Air Other HSA

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
ASPHALT		0	1.25	2.5
SAND + STONE BASE		1.25	1.0	2.75
SILTY SANDY		1.0	7.0	6.0
CALICHE		7.0	12.0	5.0
SILTY SANDY GRAVEL		12	21.0	9.0
CALICHE		21	22	1.0
SILTY SANDY CLAY	YES	22	32	10.0
CALICHK	YES	32	36	4.0
SILT SANDY CLAY	YES	36	39.5	3.5

FACILITY ID. NO
8-000204

9. WELL CONSTRUCTION

Depth Drilled 39.5 Feet Depth Cased 39.5 Feet

HOLE DIAMETER (BIT SIZE)

Inches	From	To	Feet	Feet
<u>12</u>	<u>0</u>	<u>39.5</u>		

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>39.5</u>

Perforations:

Type of perforation MACHINE SECT
Size of perforation 1.020

From 29.5 feet to 39.5 feet
From _____ feet to _____ feet

Annular Seal: Yes No CLEAN FILL 1"-5"

<input type="checkbox"/> Neat Cement	to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Cement Grout	<u>5</u> to <u>7</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Concrete Grout	<u>0</u> to <u>1</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> ≥30% Bentonite Grout	<u>7</u> to <u>27.5</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured

Gravel Pack: Yes No 29.5 to 39.5 Pumped Poured
Type: NO 3

Bentonite Chips: Yes No 27.5 to 29.5 Pumped Poured
Type: 3/8" SEAL

Date started: 9-14, 20 10
Date completed: 9-14, 20 10

7. Water Level
Static water level: 27.0 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			

DO NOT DRILL 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 Contractor
89119

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