

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. 114154
 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. 35536

1. OWNER Santa Barbara palms LP ADDRESS AT WELL LOCATION 4880 Santa Barbara Street
 MAILING ADDRESS 2655 S. Rainbow Blvd. #401 Las Vegas, NV

2. LOCATION SE 1/4 SE 1/4 Sec 19 T 21 S R 62 E Clark County

PERMIT NO. 161-19-803-001
 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
1-40' Dewater well				
Silt		0	10	10
Sandy Silt	x	10	12	2
Silty clay		12	32	20
Clay		32	40	8
Waiver# DW-1321				
WSG84				
N36 06. 073'				
W115 05. 035'				

8. WELL CONSTRUCTION

Depth Drilled 40 Feet Depth Cased 40 Feet

HOLE DIAMETER (BIT SIZE)
 From _____ To _____
24 Inches _____ 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	1/4	0	40

Perforations:
 Type perforation Machine
 Size perforation 1/4"
 From 20 feet to 40 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Depth of Seal _____ Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From 0 feet to 40 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)

Date started 6/15, 20 11
 Date completed 6/21, 20 11

7. WELL TEST DATE

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

Address 4015 WEST TOMPKINS AVE.
 (CONTRACTOR)
LAS VEGAS, NV 89103
 Nevada contractor's license number issued by the State Contractor's Board 0018916 & 0018917
 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 July 18, 2011

DCNR/DWR
 RECEIVED

JUL 20 2011

LAS VEGAS OFFICE