

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. 114575
 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. 36005

1. OWNER Santa Barbara Palms LP ADDRESS AT WELL LOCATION 4880 Santa Barbara Street
 MAILING ADDRESS 2655 S. Rainbow Blvd. #401 Las Vegas, NV
Las Vegas, NV 89146

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
<u>Plug 1-40' Dewater well</u>				
<u>Pulled casing and poured 1.25 yards of 27 sack cement slurry from bottom to surface.</u>				
<u>Waiver# DW-1321</u>				
<u>WSG84</u>				
<u>N36 06. 073'</u>				
<u>W115 05. 035'</u>				

8. WELL CONSTRUCTION

Depth Drilled 40 Feet Depth Cased 40 Feet

HOLE DIAMETER (BIT SIZE)
 From 24 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)
<u>14</u>	<u>37</u>	<u>1/4</u>	<u>0</u>	<u>40</u>

Perforations:
 Type perforation Machine
 Size perforation 1/4"

From	To
<u>20</u> feet to	<u>40</u> feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet
_____ feet to	_____ feet

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

Date started 10/25, 20 11
 Date completed 11/11, 20 11

7. WELL TEST DATE

TEST METHOD:	Bailer	Pump	Air Lift
G.P.M.	Draw Down (Feet Below Static)	Time (Hours)	

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)
 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 ABDS2161-David Strouse

Signed [Signature]
 By driller performing actual drilling on site or contractor
 Date November 17, 2011