

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

OFFICE USE ONLY
Log No. 114919
Permit No. _____
Basin 212

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. 35620

1. OWNER Mr West Desert Inn LLC. ADDRESS AT WELL LOCATION 2548 W. Desert Inn rd
MAILING ADDRESS 1271 Ave of the Americas 38Fth Las Vegas, NV
New York, NY 10020-1300 Subdivision Name _____ County: Clark

2. LOCATION SE 1/4 SE 1/4 Sec 08 T 21 N R 61 E Latitude 36° 07.907' UTM E NAD 27
PERMIT/WAIVER No. 162-08-805-009 Longitude 115° 10.511' N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED
 New Well Replace Recondition
 Deepen Other Injection well
4. PROPOSED USE
 Domestic Irrigation Test Stock
 Municipal/Industrial Monitor Cable Rotary RVC
 Other Augers

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<u>fill type II</u>		<u>0</u>	<u>17</u>	
<u>clay w/sand</u>	<u>8</u>	<u>17</u>	<u>22</u>	
<u>clay w/layered sand</u>		<u>22</u>	<u>32</u>	

9. WELL CONSTRUCTION

Depth Drilled	<u>32</u>	Feet	Depth Cased	<u>32</u>	Feet
HOLE DIAMETER (BIT SIZE)					
	From		To		
	<u>8</u> Inches	<u>0</u> Feet	<u>32</u> Feet		

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>	<u>PVC</u>	<u>5/16 40</u>	<u>0</u>	<u>32</u>

Perforations:
Type of perforation factory slot
Size of perforation .020
From 12 feet to 32 feet
From _____ feet to _____ feet
From _____ feet to _____ feet
From _____ feet to _____ feet

Annular Seal: Yes No
 Neat Cement _____ to _____ Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout 8 to 5 Pumped Poured
 ≥30% Bentonite Grout _____ to _____ Pumped Poured

Gravel Pack: Yes No 20 to 32 Pumped Poured
Type: #8
Bentonite Chips: Yes No 5 to 20 Pumped Poured
Type: hole plug

Date started: 2/13 20 12
Date completed: 2/13 20 12

7. Water Level
Static water level: 8 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ °F
Quality: _____

8. WELL TEST DATA

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

DCNR/DWR RECEIVED
FEB 28 2012

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Elite Drilling Inc. Contractor
Address 4255 W. Post rd. Contractor
Las Vegas, NV 89118
Nevada contractor's license number 0054931
issued by the State Contractor's Board
Nevada driller's license number issued by the M-1869
Division of Water Resources, the on-site driller
Signed [Signature]
By driller performing actual drilling on-site or contractor
Date 2/23/12