

#1

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

OFFICE USE ONLY
Log No. 114921
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

1. OWNER NV West Desert Inn LLC ADDRESS AT WELL LOCATION 2548 W. Desert Inn rd NOTICE OF INTENT NO. 35620
 MAILING ADDRESS 1271 Ave of the Americas 387c Las Vegas, NV
New York, NY 10020-1300 Subdivision Name: _____ County: Clark
 2. LOCATION SE 1/4 SE 1/4 Sec 08 T 21 NAR 61 E Latitude 36° 07.893' UTM E NAD 27
 PERMIT/WAIVER No. 162-08895-009 Longitude 115° 10.499' 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 Other Alge

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Fill Sand gravel		0	2	
Sandy clay		2	5	
caliche		5	7	
clay w/sand	8	7	20	
clay		20	22	
sand layers		22	30	

9. WELL CONSTRUCTION

Depth Drilled 30 Feet Depth Cased 30 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>8</u> Inches	<u>0</u> Feet <u>30</u> Feet
_____ Inches	_____ Feet _____ Feet
_____ Inches	_____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>2"</u>	<u>PBC</u>	<u>sch 40</u>	<u>0</u>	<u>30</u>

Perforations:

Type of perforation Factory slot
 Size of perforation .020

From 20 feet to 30 feet
 From _____ feet to _____ feet

Annular Seal: Yes No

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

Gravel Pack: Yes No 18 to 30 Pumped Poured
 Type: #8 silica sand

Bentonite Chips: Yes No 5 to 18 Pumped Poured
 Type: Holeplug

Date started: 2/13/12 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:	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
 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
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 Division of Water Resources, the on-site driller M-1869

Signed [Signature]
 By driller performing actual drilling on-site or contractor
 Date 2/22/12

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

(NSPO 3-08)

LAS VEGAS OFFICE

(O) 627