

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

OFFICE USE ONLY
Log No. 124776
Permit No. _____
Basin No. _____

PRINT OR TYPE IN BLACK INK 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. 37828
WELL NAME (if applicable): MW-18

1. OWNER/CLIENT NAME CV Propco LLC
MAILING ADDRESS 3485 W. Harmon Ave.
Las Vegas, NV 89103

2. PLS LOCATION NE 1/4 SW 1/4 20 Sec 21 T/S 61 E
PERMIT/WAIVER NO. MO-3115 162-20-302-001
Issued by Water Resources Current Parcel No.

DETAILED ADDRESS AT WELL LOCATION 4530 Polaris Ave
Las Vegas, NV 89103

Subdivision Name: _____ County: Clark

Latitude 36.10806"N UTM E NAD 27
Longitude 115.18533"W UTM N NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen; Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To
Fill			0	1
Silty Sand			1	7
Silty Clay			7	9
Caliche			9	10
Clayey sand			10	14
Sandy clay w/gravel moist		<u>16.6</u>	14	24
Silty Clay			24	25
Silty Sand			25	26
Sandy clay w/gravel /silty clay			26	31
clayey silt			31	32
Silty clay/ very moist			32	38
Caliche			38	39
Silty clay wet			39	63
Gravelly sand			63	64
Clayey sand w/ gravel			64	65

9. INSTRUCTION

Depth Drilled: 65 Feet Depth Cased: 65 Feet

HOLE DIAMETER (BIT SIZE)

From	To
<u>8</u> Inches	<u>0</u> Feet <u>65</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>4.5</u>	<u>2.01</u>	<u>0.237</u>	<u>0</u>	<u>65</u>

Date started: 17-Dec 20 15
Date completed: 17-Dec 20 15

7. WATER QUALITIES
Static water level: 16.6 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

ANNULAR MATERIALS

Sanitary 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	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Bentonite Chips	<u>52</u> to <u>56</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input type="checkbox"/> Gravel Pack [> 0.2 in.]	_____ to _____	<input type="checkbox"/> Pumped	<input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Sand Pack [< 0.2 in.]	<u>56</u> to <u>65</u>	<input type="checkbox"/> Pumped	<input checked="" type="checkbox"/> Poured
<input checked="" type="checkbox"/> Other, explain: _____	<u>0</u> to <u>52</u>	<input checked="" type="checkbox"/> Pumped	<input type="checkbox"/> Poured

2' sump bottom of screen/Bentonite Grout from 0-52'

8. WELL TEST DATA

Test Method:	Bailer	<input checked="" type="checkbox"/> Pump	Air Lift
G.P.M.			
Draw Down (Feet Below Static)			
Recorded Time (Hours)			
<u>2</u>			<u>30 Mins</u>

PERFORATIONS:

Type of perforation: Factory
Size of perforation: .020

From <u>58</u> 63 Feet	To <u>63</u> 68 Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet
From _____ Feet	To _____ Feet

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.

Name National EWP Contractor
Address 4221 W. Oquendo Rd. Las Vegas, NV 89118 Contractor

Nevada contractor's license number as issued by the State Contractor's Board: 0075355
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 2526

Signed: [Signature]
Date: 12/21/2015