WHITE—DIVISION OF WATER RESOURCES
CANARY—CLIENT'S COPY
PINK—WELL DRILLER'S COPY

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

STATE OF NEVADA
DIVISION OF WATER RESOURCES

WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

OFFICE USE ONLY
Log No. 85786
Permit No.
Basin 212
Waived R-1171
NOTICE OF INTENT NO. 23220

1. OWNER M B. Holdings LLC
MAILING ADDRESS 1220 S. Commerce St Las Vegas NV 89102
ADDRESS AT WELL LOCATION 10340 Alexander

2. LOCATION SW ¼ SE ¼ Sec. 01 T. 20 N/S R. 59 E. Clark County
PERMIT NO. (Issued by Water Resources) 137-01-801-006 (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

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Sounded Well =	310'			
Drilled To 715'				
Well Caved In And Filled To 490'				
Perforated From	490'	To		440'
Pumped 11 Yards Neat Cement From Bottom To Surface				
Cut Casing @ 5' And Back Fill				

UCNR/DWR RECEIVED APR 2 5 2002 LAS VEGAS OFFICE

Date started 3-20-02, 19
Date completed 4-12-02, 19

7. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

8. WELL CONSTRUCTION
Depth Drilled ____ Feet Depth Cased ____ Feet

HOLE DIAMETER (BIT SIZE)
____ Inches From ____ Feet To ____ Feet
____ Inches From ____ Feet To ____ Feet
____ Inches From ____ Feet To ____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)

Perforations:
Type perforation
Size perforation
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet
From ____ feet to ____ feet

Surface Seal: ☐ Yes ☐ No
Depth of Seal
Placement Method: ☐ Pumped ☐ Poured
Seal Type: ☐ Neat Cement ☐ Cement Grout ☐ Concrete Grout
Gravel Packed: ☐ Yes ☐ No
From ____ feet to ____ feet

9. WATER LEVEL
Static water level ____ 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 B. L. Wheeler Group Inc (Contractor)
Address 4145 Arctic Spring (Contractor)
Las Vegas NV 89115
Nevada contractor's license number issued by the State Contractor's Board 035639
Nevada driller's license number issued by the Division of Water Resources, the on-site driller 7024-T2
Signed Allen L Hodgson (By driller performing actual drilling on site or contractor)
Date 4-23-02

(Rev. 3-91) USE ADDITIONAL SHEETS IF NECESSARY (O)-627