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. 86789
Permit No. 62542
Basin 212

NOTICE OF INTENT NO. ~~23824~~ 23824

1. OWNER Sonnenburg Terrace Pt Trust L.
MAILING ADDRESS 7720 Leon Ave
Las Vegas NV 89101

ADDRESS AT WELL LOCATION 7720 Leon Ave

2. LOCATION SW ¼ NW ¼ Sec. 13 T. 19 N/S R. 60 E. Clark County
PERMIT NO. R1143 62542 (Issued by Water Resources) | 125-13-702-013 (Parcel No.) | Subdivision Name

3. WORK PERFORMED
☐ New Well ☐ Replace ☐ Recondition
☐ Deepen ☐ Abandon ☒ Other OLVC

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
No Well Log - 4" Casing				
Bottom Sounded At 635				
Water Level At 282				
~~[illegible]~~				
Pumped 4 yards Neat Cement				
From Bottom To Surface				
Cut Casing @ 5' + Backfill				

DCNR/DWR RECEIVED AUG 2 . 2002 LAS VEGAS OFFICE

Date started 8-9, 2002
Date completed 8-16, 2002

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)

	From	To
Inches	Feet	Feet
Inches	Feet	Feet
Inches	Feet	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 282 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. Weber 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 R+P Ltd 2220
Signed [signature] (By driller performing actual drilling on site or contractor)
Date 8-17-02

(Rev. 12-01) USE ADDITIONAL SHEETS IF NECESSARY (O)-627