

OFFICE USE ONLY
 Log No. 67231
 Permit No. _____
 Basin. 212

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

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

NOTICE OF INTENT NO. 21852

1. OWNER Hilton Hotel ADDRESS AT WELL LOCATION SWC Sahara
9336 Civic Center Dr Las Vegas Blvd
Beverly Hills CA 90210
 2. LOCATION SW 1/4 NE 1/4 Sec 9 T. 21 N/S R. 61 E Clark County
 PERMIT NO. 162-09-SP1-002 Issued by Water Resources 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	Thick-ness
Gravelly sand		0	1	1
Sandy silt		1	6	5
Silty sand		6	10	4
Sandy silt		10	14	4
Silty gravel		14	16	2
Silty clay		16	18	2
Sandy gravel		18	20	2
DCND/DWR RECEIVED				
DEC 04 2002				
LAS VEGAS OFFICE				

8. WELL CONSTRUCTION
 Depth Drilled 20 Feet Depth Cased 20 Feet
 HOLE DIAMETER (BIT SIZE)
6 Inches From 0 Feet To 20 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
Schedule 40				

Perforations:
 Type perforation _____
 Size perforation _____
 From 5 feet to 20 feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 5 Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From 5 feet to 20 feet

9. WATER LEVEL
 Static water level N/A/Dry 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 Western Technologies
 Address 3611 W. Tompkins Ave
Las Vegas NV 89103
 Nevada contractor's license number issued by the State Contractor's Board _____
 Nevada driller's license number issued by the Division of Water Resources the on-site driller M1761
 Signed _____
 Date 11-09-08
 By driller performing actual drilling on site or contractor

Date started 11-08-08, 19____
 Date completed 11-08-08, 19____

7. 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			