

Log No. 100003
Permit No. 212
Basin 212

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

NOTICE OF INTENT NO. 24911

1. OWNER Becker Enterprises
MAILING ADDRESS 50 S. Jones Blvd Suite 100 Las Vegas, NV 89107
ADDRESS AT WELL LOCATION within Sultan place to E of Deater Blvd Las Vegas NV 89107

2. LOCATION NW 1/4 SW 1/4 Sec. 31 T. 20 N/S R. 61 E Clark County
PERMIT NO. 139-31-312-003 Parcel No. 203 Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition Deepen Abandon Other
4. Domestic Municipal/Industrial Irrigation Test Monitor Stock Cable Rotary RVC Air Other Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>Asphalt</u>		0	6'	15'
<u>Type 2</u>		6"	15'	1.0
<u>Silty clay w/sand</u>		1.5'	14'	12.5
<u>caliche</u>		18'	18'	4
<u>clay w/sand</u>		18'	30'	12

Size O.D. (Inches)	Weight/Ft. (Pounds)	Well Thickness (Inches)	From (Feet)	To (Feet)
<u>2</u>	<u>PVC</u>	<u>5in 40</u>	0	30

8. WELL CONSTRUCTION
Depth Drilled 30 Feet Depth Cased 30 Feet
HOLE DIAMETER (BIT SIZE)
9 1/8 Inches From 0 To 30 Feet
9 1/8 Inches From 0 To 30 Feet
Inches From 0 To 30 Feet
Inches From 0 To 30 Feet

9. WATER LEVEL
Static water level 18' feet below land surface
Artesian flow _____ G.P.M. _____ P.S.I.
Water temperature _____ °F Quality _____

7. WELL TEST DATA
TEST METHOD: Bailor Pump Air Lift
G.P.M. (Feet Below Static) _____ Time (Hours) _____

9. 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.
Address 5115 S Industrial rd. #104 Las Vegas, NV 89118
Contractor 6054931
Nevada contractor's license number _____
issued by the State Contractor's Board _____
Nevada driller's license number issued by the Division of Water Resources in-site driller M-1869
Signed [Signature] by driller performing actual drilling on site or contractor
Date 7-8-03

Date started June 24 2003
Date completed June 24 2003
WELL TEST DATA
TEST METHOD: Bailor Pump Air Lift
G.P.M. (Feet Below Static) _____ Time (Hours) _____