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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. 26720

1. OWNER 3V Properties LLC ADDRESS AT WELL LOCATION 9711 Seelig St.
 MAILING ADDRESS 3455 Cliff Shadows Enterprise, Nev. 89124
L.V. NV. 89129
 2. LOCATION NE 1/4 NW 1/4 Sec. 29 T. 22S N/S R. 6.0 E County CLARK
 PERMIT NO. 176-29-101-009 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 |
|---|--------------|------|----|------------|
| <u>NAC 534-420 SECTION 8</u> | | | | |
| <u>A. Depth of Well: 655</u> | | | | |
| <u>B. The Depth To Which The Materials Used To Plug The Well Were Placed 655 ft</u> | | | | |
| <u>C. The Type, Size + Location of Perforations Which were Made in The Casing</u> <u>Type - Knife (Rotary)</u> <u>Size: 1/4" x 1 1/2"</u> <u>Location: From 665 ft To 250 ft</u> | | | | |
| <u>D. The Debris Encountered: None</u> | | | | |
| <u>E. Materials Used To Plug The Well</u> <u>24 Sack Slurry</u> <u>Materials Slips Attached</u> | | | | |
| <u>Section 9</u> <u>Neat Cement by Tremie Pipe</u> <u>from 655 To Top.</u> | | | | |
| <u>State Log # 29626</u> | | | | |

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 4 Times Around
 Type perforation.....
 Size perforation.....
 From..... feet to..... feet
 Surface Seal: Yes No Seal Type:
 Neat Cement
 Cement Grout
 Concrete Grout
 Depth of Seal.....
 Placement Method: Pumped
 Poured
 Gravel Packed: Yes No
 From..... feet to..... feet

Date started 08-10-04, 20.....
 Date completed 08-13-04, 20.....

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 | | | |
| | | | |
| | | | |
| | | | |
| | | | |

9. WATER LEVEL
 Static water level 380 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 Vanish A. Dimick
 Address 5360 N Bonita Vista St.
L.V. NV. 89149
 Nevada contractor's license number issued by the State Contractor's Board 10062
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 552
 Signed V.A. Dimick
 By driller performing actual drilling on site or contractor
 Date 08-13-08