

OFFICE USE ONLY
 Log No. **93850**
 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. **26.704**

1. OWNER **3 V Properties LLC** ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS **3455 CLIFF SHADOWS 9870 SEELIGER ST**
P.O. # 220 LAS VEGAS NEV 89129 ENTERPRISE, NEV 89124
 2. LOCATION **NE 1/4 NW 1/4 Sec. 29 T. 22 S. R/S R. 60 E. CLARK** County
 PERMIT NO. **176-29-101-035** 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
NAC 534-420 Section 8				
A. Depth of Well: 600 ft				
B. The depth to which the materials used to plug the well were placed, 600 ft.				
C. The type, size, & location of perforations which were made in the casing: Type - Knife (Rotary) Size - 1/4 x 1 1/2" Location: From 600 ft up to 300 ft. 4 turns around				
D. Debris Encountered: None				
E. Materials used to plug the well: 24 Sack Slurry up to 300 ft 5 Sack Sand Slurry from 300 ft to the top.				
Section 9: Neat Cement by Franje Pipe from Bottom to 300 ft. 5 Sack Cement Slurry from 300 ft to top.				
STATE LOG # 31104				

8. WELL CONSTRUCTION

Depth Drilled _____ Feet Depth Cased _____ Feet

HOLE DIAMETER (BIT SIZE)

From		To	
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ 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

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: Bailer Pump Air Lift

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

9. WATER LEVEL

Static water level **491** 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 **Vernon H. Dimick** Contractor
 Address **5360 N. BOVITA VISTA ST** Contractor
LV, 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. H. Dimick**
 By driller performing actual drilling on site or contractor
 Date **08-13-04**