

COPIES TO  
 - DIVISION OF WATER RESOURCES  
 - CLIENT'S COPY  
 - WELL DRILLER'S COPY

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

OFFICE USE ONLY  
 Log No. **96473**  
 Permit No. \_\_\_\_\_  
 Basin **212**

PRINT OR TYPE ONLY

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

NOTICE OF INTENT NO. **27353**

1. OWNER **NEVADA DEVELOPMENT PARTNERS LP** ADDRESS AT WELL LOCATION **2170 S LAS VEGAS BLVD.**  
 MAILING ADDRESS **727 W SEVENTH ST. #800** **LAS VEGAS, NV**  
**LOS ANGELES, CA 90017-3715** **2710**

2. LOCATION **SW 1/4 NE 1/4 Sec 09 T 21 S R 61 E** **CLARK** County

PERMIT NO. **DW1189** **162-09-613-002**  
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other **Dewater**  
 4. PROPOSED USE **Dewater**  
 Domestic  Irrigation  Test  Monitor  Stock  
 Municipal/Industrial  Other

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
<b>15-40' dewater wells</b>				
Brown dirt & rock		0	8	8
Silt	x	8	12	4
White clay		12	14	2
Brown silty clay	xx	14	19	5
Brown clay		19	25	6
Brown silty clay		25	30	3
White silty clay		30	32	4
Brown silty clay		32	36	4
Caliche		36	40	4

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  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal \_\_\_\_\_  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to **40** feet

**COMPLETED**  
**MAY 09 2005**  
**LAS VEGAS OFFICE**

9. WATER LEVEL

Static water level \_\_\_\_\_ 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.

Date started **3/21, 20 05**  
 Date completed **3/29, 20 05**

Name **ALLEN DRILLING INC.**  
(CONTRACTOR)

7. WELL TEST DATE

TEST METHOD:	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift		
G.P.M.		

Address **4015 WEST TOMPKINS AVE.**  
(CONTRACTOR)

**LAS VEGAS, NV 89103**

Nevada contractor's license number issued by the State Contractor's Board **18916 & 18917**

Nevada driller's license number issued by the Division of Water Resources, the on-site driller **ABDS2161**

Signed *David Swanson*  
 By driller performing actual drilling on site or contractor

Date **4/28/05**