

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. **96534**
 Permit No. _____
 Basin **212**
 NOTICE OF INTENT NO. **29372**

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

PRINT OR TYPE ONLY

1. OWNER **3700 ASSOCIATES LLC** ADDRESS AT WELL LOCATION **3698 S. LAS VEGAS BLVD.**
 MAILING ADDRESS **667 MADISON AVE** **LAS VEGAS, NV**
NEW YORK, NY 10021-8029

2. LOCATION **SW 1/4 NE 1/4 Sec 20 T 21 S R 61 E** **CLARK County**
 PERMIT NO. **DW1195** **162-20-603-007**

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other **Dewater**

4. PROPOSED USE **Dewater**
 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
2-Dewatering wells				
Asphalt		0'	3"	3"
Brown dirt		3"	8"	7'-9"
Caliche		8'	14'	6'
Brown silt	xx	14'	17'	3'
Brown silty clay		17'	21'	4'
White clay		21'	26'	6'
Red clay		26'	28'	2'
Brown clay		28'	34'	6'
White silty clay		34'	41'	7'
Brown clay & small rock		41'	50'	9'
Red clay		50'	53'	3'
White clay		53'	59'	6'
Caliche		59'	62'	3'
Brown clay & silt		62'	68'	6'
White clay & rock		68'	74'	6'
Red clay & rock		74'	80'	6'

8. WELL CONSTRUCTION
 Depth Drilled **80'** Feet Depth Cascd **80'** Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
24" Inches **0** Feet **80** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

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

Perforations:
 Type perforation **Machine**
 Size perforation **.25" x 2.5 x 3 rows @ 13**
 From **40'** feet to **80'** feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Neat Cement
 Depth of Seal _____ Cement Grout
 Placement Method: Pumped Concrete Grout
 Poured
 Gravel Packed: Yes No
 From **0** feet to **80** feet

9. WATER LEVEL
 Static water level **12** 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 **ALLEN DRILLING INC.**
 (CONTRACTOR)

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 S. ...*
 By driller performing actual drilling on site or contractor
 Date **5-12-05**

Date started **5/9, 20 05**
 Date completed **5/10, 20 05**

7. WELL TEST DATE

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

RECEIVED
MAY 16 2005
LAS VEGAS OFFICE