

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

STATE OF NEVADA
 DIVISION OF WATER RESOURCES

OFFICE USE ONLY
 Log No. **96911**
 Permit No. **212**
 Basin **212**

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. **27365**

PRINT OR TYPE ONLY

1. OWNER **PN II INC**
 MAILING ADDRESS **1635 VILLAGE CENTER CIR #250 LAS VEGAS, NV 89134**
 ADDRESS AT WELL LOCATION **4042 CABANA DRIVE LAS VEGAS, NV**

2. LOCATION **SE 1/4 SW 1/4 Sec 16 T 21 S R 62 E CLARK** County
 PERMIT NO. **DW1191** **161-16-801-005**
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other
 4. PROPOSED USE **Dewater**
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other

6. LITHOLOGIC LOG					8. WELL CONSTRUCTION				
Material	Water Strata	From	To	Thickness	Depth Drilled	Feet	Depth Cased	Feet	
Plug 12-30' Dewater wells					HOLE DIAMETER (BIT SIZE) From To _____ Inches _____ Feet _____ Feet _____ Inches _____ Feet _____ Feet _____ Inches _____ Feet _____ Feet				
Pulled casings									
Placed 1.5 yards of of 9 sack cement slurry into each well.									
DCNR/DWR RECEIVED JUL 07 2005 LAS VEGAS OFFICE					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: <input type="checkbox"/> Yes <input type="checkbox"/> No Seal Type: Depth of Seal _____ <input type="checkbox"/> Neat Cement Placement Method: <input type="checkbox"/> Pumped <input type="checkbox"/> Cement Grout <input type="checkbox"/> Poured <input type="checkbox"/> Concrete Grout Gravel Packed: <input type="checkbox"/> Yes <input type="checkbox"/> No From _____ feet to _____ feet									

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.
 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 **0018916 & 0018917**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **2231**

7. WELL TEST DATE

Date started **6/8, 20 05**
 Date completed **6/8, 20 05**

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

Signed **Victor Allen**
 By driller performing actual drilling on site or contractor
 Date **7/5/05**