



PRINT OR TYPE ONLY
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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. 29717

1. OWNER Elite Silver saddle saloon ADDRESS AT WELL LOCATION 2501 E. Charleston
 MAILING ADDRESS Las Vegas, NV 89104 LV, NV 89104

2. LOCATION SW 1/4 SW 1/4 Sec. 36 T. 20 N. R. 61 E. Clark County
 PERMIT NO. 139-36-410-059 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					
Casing was drilled out and hole was grouted up. From bottom up.									
20'									

8. WELL CONSTRUCTION
 Depth Drilled: 20 Feet Depth Cased: 20 Feet

HOLE DIAMETER (BIT SIZE)
 From 0 To 20
 Inches Feet
 _____ Feet _____ Feet
 _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4</u>				

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 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

9. WATER LEVEL
 Static water level 10 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 Elite Drilling Inc.
 Address 4255 Post Rd. Las Vegas, NV 89148
 Nevada contractor's license number issued by the State Contractor's Board 0054931
 Nevada driller's license number issued by the Division of Water Resources / the on-site driller M-1869
 Signed _____
 Date August 2, 2006

Date started August 1, 2006
 Date completed August, 2006

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			