

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. 100783
 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. 30323

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. DW1220A 162-20-603-007
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 Auger

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
14-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'
Brown clay		59'	65'	6'
White clay		65'	72'	7'

8. WELL CONSTRUCTION
 Depth Drilled 72 Feet Depth Cased 72 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
24" Inches 0 Feet 72 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"x2.5x3 rows @13
 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 _____ feet

9. WATER LEVEL
 Static water level _____ 12 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 8/11, 20 06
 Date completed 9/12, 20 06

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.

7. WELL TEST DATE

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)	

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 2231
 Signed Victor Allen Estes
 By driller performing actual drilling on site or contractor
 Date 9/14/06