

167762r
 PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

6wells

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. 33247

1. OWNER VINTAGE LAND HOLDINGS LLC ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS 3600 LAS VEGAS BLVD S, LAS VEGAS NV 89109 2784 S LAS VEGAS BLVD LAS VEGAS NV
 2. LOCATION SW 1/4 NE 1/4 Sec 09 T 21 N R 61 E CLARK County
 PERMIT NO. _____ Issued by Water Resources Parcel No. 162-09-601-006 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
<u>REMAIN WELLS BOXES</u>				
<u>PULLED 4" CASING</u>				
<u>LINER FROM BOTTOM TO TOP WITH BENTONITE CLIPS</u>				
<u>CEMENT SEAL ON TOP</u>				
<u>MAP DATUM WGS 84</u>				
<u>MW-4 36° 08, 277 N 115° 09, 721 W</u>				<u>20'</u>
<u>MW-5 36° 08, 283 N 115° 09, 697 W</u>				<u>21'</u>
<u>MW-1 36° 08, 271 N 115° 09, 693 W</u>				<u>30'</u>
<u>MW-6 36° 08, 272 N 115° 09, 694 W</u>				<u>30'</u>
<u>MW-2B 36° 08, 266 N 115° 09, 699 W</u>				<u>30'</u>
<u>MW-3 36° 08, 257 N 115° 09, 698 W</u>				<u>29'</u>
<u>NDEP # 8-000028</u>				

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4.25</u>		<u>SCM 40PK</u>		

 Perforations:
 Type perforation _____
 Size perforation _____
 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

Date started _____, 2008
 Date completed _____, 2008

7. WELL TEST DATA

TEST METHOD	Draw Down (Feet Below Static)	Time (Hours)
<u>DCNR/DWR RECEIVED</u>		
<u>FEB 01 2008</u>		
<u>LAS VEGAS OFFICE</u>		

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 EAGLE DRILLING SERVICES LLC Contractor
 Address 7150 PEACOCK ST. LAS VEGAS NV 89119 Contractor
 Nevada contractor's license number issued by the State Contractor's Board 51266
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M-2272
 Signed [Signature] By driller performing actual drilling on site or contractor
 Date 1/24/08